



# Office of the City Clerk

City Hall  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602  
[www.chicityclerk.com](http://www.chicityclerk.com)

## Legislation Details (With Text)

**File #:** O2011-1507  
**Type:** Ordinance  
**Status:** Passed  
**File created:** 3/9/2011  
**In control:** City Council  
**Final action:** 4/13/2011  
**Title:** Handicapped Parking Permit No. 76727  
**Sponsors:** Lyle, Freddrenna  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-1507.pdf

Date	Ver.	Action By	Action	Result
4/13/2011	1	City Council	Passed	Pass
4/6/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
3/9/2011	1	City Council	Referred	

### City of Chicago Richard M. Daley, Mayor

#### Department of Revenue

Bea Reyna-Hickey Director

City Hall, Room 107A 121 North LaSalle Street Chicago, Illinois 60602-1288 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY)

<<http://www.cityofchicago.org>>

BUILDING CHICAGO TOGETHER

December 13, 2010

ALDERMAN FREDDRENNNA LYLE WARD 06

406 E 75TH STREET CHICAGO, IL 60619

Dear ALDERMAN LYLE:

The-Department of Revenue received a request for disabled parking signs to be posted in your ward. The application has been reviewed and a survey of the location has been conducted. The Department cannot recommend the application.

Provided is the name and address of the applicant, the proposed location of the signs, and the Department's reason for not recommending the application.

Applicant's Name: GEORGE T MILAN 7^ ^y// Applicant's Address: 640 E 90TH PLACE

Reason Not-Recommended: ALTERNATIVE ACCESSIBLE PARKING Explanation: GARAGE AT LOCATION

Appeals must be filed within ten (10) days. Appeal requests must be made in writing and state reasons to support a request for a review. Appeals may be directed to the Mayor's Office for People with Disabilities (MOPD), Disabled Parking Signs Appeal, City Hall, Room 104, 121 N. LaSalle St., Chicago, IL 60602. A decision regarding an appeal will be made within thirty (30) days of the request. Applicants are notified by mail of the final decision.

Should you have any questions or require additional information, please contact our office at 312.742.7434.

Very truly yours,

Anthony Gambino Manager of Parking

cc: Mayor's Office for People with Disabilities

**-APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM**

76727

An application will not be considered complete unless ALL lines of the application have been completed in full;  
A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee. Please note: The application fee shall be waived (or any person holding a valid, current disabled veterans placard \* Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current vehicle registration submitted at the time of application;  
Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the time of application.  
Completed application forms may be returned to: the office of your alderman, any City of Chicago Department of Revenue facility, or via mail at P.O. Box 803100, Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questions or concerns, please call our permit processing division at 312-744-PARK (7275);  
If you are a resident of the City of Chicago, please call our permit processing division at 312-744-PARK (7275);

1. Applicant's Name (Last, First, Middle Initial)

2. Applicant's Address (Street, City, State, Zip)

3. Phone Number

4. Home Address (Primary residence, if different from above) (Street, City, State, Zip)

5. Vehicle Information (Year, Make, Model, Color, License Plate Number)

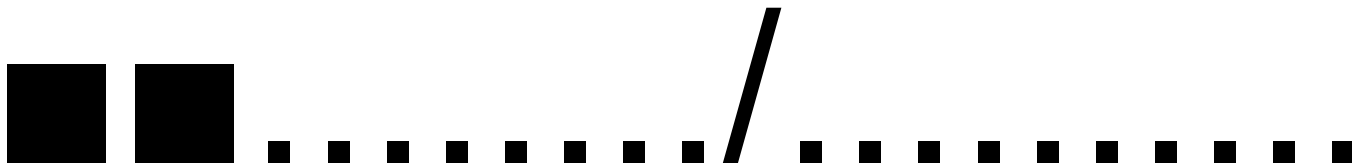
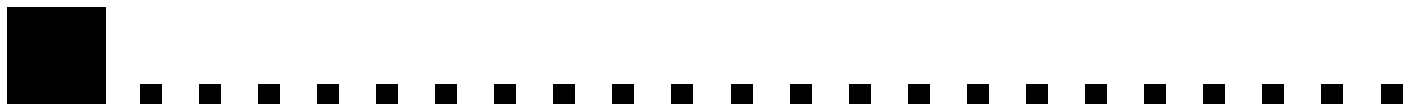
6. Phone Numbers (Home, Office, Cell)

7. Signature

8. Date

9. Current License Plate Number

10. Signature



3 Drivers License Number

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9 Current License Plate Number

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Relationship to: Aprjiwar:  
| 10 Description o! Medical Condition and Disability

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