

Office of the City Clerk

City Hall 121 N. LaSalle St. Room 107 Chicago, IL 60602 www.chicityclerk.com

Legislation Details (With Text)

File #: O2011-1547

Type: Ordinance Status: Passed

File created: 3/9/2011 In control: City Council

Final action: 5/4/2011

Title: Handicapped Parking Permit No. 75225

Sponsors: Cardenas, George A.

Indexes: Handicapped

Attachments: 1. O2011-1547.pdf

Date	Ver.	Action By	Action	Result
5/4/2011	1	City Council	Passed	Pass
5/3/2011	1	Committee on Traffic Control and Safety	Recommended to Pass	Pass
3/9/2011	1	City Council	Referred	

Mar

2011 9:53PM HP LASERJET FAX

773-523-8440

APPUCATION FOR DISABLED PARKING SIGNS 75225 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

An application will not be considered complete unless: Jk

- All lines of the application have been completed in full; IQJ W
- A check or money order for \$70.p0 made payable to the City of Chicago is submitted as payment of the application fee; Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate.
- 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 submilted 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).
- 1. Date of Birth mo _ nur
- 2. State Identification Number

11

3. Drivers License Number

4 Applicant Last Name

<u> Aoin!.si4ia</u>

MI

First Name

5. Home Address (primary residence) STREET NUMBER | P1W | STREET NAME |

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6. Address where signs will be posted STREET NUMBER | DIR. | STREET NAME .

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WAPD NUMBER
7. Phone Numbers
Home
Business

Q i iFraisiiTSH pig

6. Current Permanent Disabled Placard Number Registered to Relationship to Applicant 9. Current License Plate Number Registered to City Sticker No. Relationship to Applicant

10. Description of Medical Condition and Disability. "

Alternative Parking: Please note your application may be denied if you have alternative accessible off street parking options 11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?_

□ yes Catoo

12. If you answered Yes to question 11, please describe:

□ Garage; □ Driveway; □ Car Port; □ Other

13. Is your olf-street parking accessible?

☐ Yes; %No. Please explain:'fV^)_S (\ A CNPjtCjfDj>A\IV\ Cjr MOhiQ^S OA V^X.U

Jim

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14. Affirmation: I hereby affirm that the above information is true and correct. It the City Af-chicago Department of Revenue determines that the applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a fine of not less than £100 but no more than \$500, and lhe application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes in the information provided.

Signature.

Date

FOR OFFICE USE ONLY

□ FEE □ PLACARD/PLATE □ RESIDENCY □ COMPLETE

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'Hp' AUTHORED HOLt3r:P 5//UST BE PPESEHT ADD K1UST ENTER OR EXIT ■HE' VEHI'r'i.G ATTHE TIME THE PAHKtNQ PRIVILEGES ARE SEIN'o USEt). 5tth>1 WfttZEfc URfe WAV RE3ULT W A OSO'i FINE AMD SUSPENSION Of)RIW£n-sLICENSE AWD.'OPREVCCAriONOFIHf; PLACARD:

PERMANENT

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'an. Feb. Mar. Apr. May June

• DRIVER'S LICENSE

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