



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-1563  
**Type:** Ordinance  
**Status:** Passed  
**File created:** 3/9/2011  
**In control:** City Council  
**Final action:** 4/13/2011  
**Title:** Handicapped Parking Permit No. 74246  
**Sponsors:** Olivo, Frank  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-1563.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	

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

74246

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 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 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).

6. Address where signs will be posted

STREET NUMBER OR STREET NAME

3 mil Njlfcis>i\*i ip Kmc

1. Date of Birth

MO \_ OAY

o m oi5 15 la

2. State Identification Number

4. Applicant Last Name

H|g|H\*|A |r>|T>|£ p.

3. Drivers License Number

^|S^i^i^|5pii^iiiMlf/^ fs \y \<i|i |6 is ipTinli'

First Name

5. Home Address (primary residence)

STREET NUMBER

..... STREET NAME

3-131 mi Iwl6l5t^>l \fLMC\z <file:///f/LMC/z>

7. Phone Numbers

Home

in I3T5 1\*8 \2TI \<o

8. Current Permanent Disabled Placard Number

9. Current License Plate Number

( 13

Business

51 \ P 1 3 | 3 i o i l | S 11

Registered to

Registered to

City Sticker\_Nfl,-

Relationship to Applicant

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 ☐ YES ☐ NO (i.e., garage, car port, driveway, etc.)?

12. If you answered Yes to question 11, please describe: ☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other

13. Is your residence accessible? ☐ No. Please explain.

14. Affirmation: I hereby affirm that the above information is true and correct. If the City of 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 the application shall be denied. I also understand that it is my responsibility to notify the Department of Revenue of any changes to the information provided.

Signature

Date

## FOR OFFICE USE ONLY

PLACARD/PLATE

## RESIDENCY

City of Chicago Department of Revenue

☐ COMPLETE ☐ INCOMPLETE