



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-1570
Type: Ordinance
Status: Passed
File created: 3/9/2011
In control: City Council
Final action: 5/4/2011
Title: Handicapped Parking Permit No. 73615
Sponsors: Burnett, Jr., Walter
Indexes: Handicapped
Attachments: 1. O2011-1570.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	

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM 7361.

An application will not be considered complete unless;

- All lines of the application have been completed >n ful,
- 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 disability placard and/or current vehicle registration submitted at the time of application;
- Proof of residency, in the form of a copy of your driver's 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 60680-1100, ATTN: Disability 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 __ DAY

01412J

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4. Applicant Last Name

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2 State Identification Number

J T i 1-LLI-U

5. Home Address (primary residence)

STREET NUMBER DIR. / SWEET NAME / -> /

Viomn MF\o\homa\c\ v-pprn l

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1. Driver's License Number

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Fir ;t Name

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6. Address where signs will be posted

STREET NUMBER | OIR | STREET NAME
ZIP CODE ^

(j>\Q\UP\|

STREET NUMBER | OIR | STREET NAME

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7. Phone Numbers Home

„ WARD NUMBER

|3T3|4 |2T7|^?

8. Current Permanent Disabled Placard Numbe

9. Current License Plate Number

2.2

2

Business

Registered t<

Ragisti red to

City Stic ;er No

aw

Relationship to Applicant

Relationship to Applicant

10. Description of MeJical Condition and Disability

SSI bfKQbc/f-fzl

Alternative Parking: Please note your apptfcation may be denied if y>u have alternate e at ;essibe off-street parking options,

11. Is there off-straet parking available at your primary residences ☐ YES ^ NO

(i.e.. garage, car port, driveway, etc.)? __. ■. ■__

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

13. Is your off-streel parking accessible? ☐ Yes; Q No, Please explain:

14. Affirmation; I hereby affirm that the above information is trun-ancd correct If the C ty o Chicago Department of Revenue determines lhal the applicanl has falsely represented one or more of the above conditions, the apjlica ii shall be subject to a fine of nol less than \$100 but no more than \$500, and the application shall be denied. I alio understand thil it s my responsibility to notify the Department ot Revenue of any changes in the information provided.

Signature,,

Date

FOR OFFICE USE^O^LY

☐ PI AnAFtn/PI YTF

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