

### Legislation Details (With Text)

File #:	O20	11-1570			
Туре:	Ordi	nance S	Status:	Passed	
File created:	3/9/2	2011 <b>I</b>	n control:	City Council	
		F	Final action:	5/4/2011	
Title:	Handicapped Parking Permit No. 73615				
Sponsors:	Burnett, Jr., Walter				
	Handicapped				
Indexes:	Han	dicapped			
Indexes: Attachments:		dicapped 2011-1570.pdf			
			Acti	on	Result
Attachments:	1. O	2011-1570.pdf		on	Result Pass
Attachments:	1. O Ver.	2011-1570.pdf Action By	Pas	-	

# APPLICATION FOR D ISABLED F AF KING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMP LETING 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 payabh? to I .e City of Chicago s submitted as payment of the application fee-Please note. The application fee shall be waived foraiy person hoiding < valid, current disabled veterans plate.

• Disability must be permanent as evidenced by a :opy of your valid di ^ab, »d placard and/or currant vehicle registration submitted at the time of application;

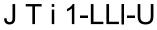
• Proof of residency, in the form of a copy of your cnve; license, state idei tificat on. or utility bills are submitted at the time of application.

Completed application forms may be returned to: the off id- of your alderman, iny City of Chicago Department of Revenue ■ facility, Or via mail at P.O. Box 803100. Chicago. IL 60580- 1100, ATTN: Di.;abl >d Pemitting Section. A \$25.00 maintenance fee will be billed to you annually. Should you have questio is or concerns, pie isecall our permil processing division at 312-744-PARK (7275). 1. Date of Birth

#### 0 JAY VEAH

4. Applicant Last Name

2 Stare Identification Nui nb«r



5. Home Address (primary residence)

# Viomn MF\o\homa\c\ v-pprn1

.jLJ\_L I. I irivers License Number MI

# Μ OA 1\0\0\t\\$\<sup>\$</sup>>\<sup>!</sup>ft/\7\!\4

Fir :t Name

## J £ISISV(5I

6. Address where signs will be posted STREET NUMBER | OIR | STREET NAME ZIP CODE ^

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STREET NUMBER I OIR I STREET NAME H\o\2ai\ \M KO\-t]or>tac\ u--:

7. Phone Numbers Home " WARD NUMBER

## 3

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:

13.1s your off-streel parking accessible? 
Ves; Q No. Please explain:

14. Affirmation; I hereby affirm that the above information is trun-ancl correct. If the C ty o Chicago Department of Revenue determines Ihal the applicanl has falsely represented one or more of the above conditions, the applica 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 nr»r~Miir&i err J\*-~^^r^\* x