Legislation Details (With Text)

File #:	O2011-1612		
Type:	Ordinance	**Status:**	Passed
File created:	3/9/2011	**In control:**	City Council
		Final action:	4/13/2011
Title:	Handicapped Parking Permit No. 77755		
Sponsors:	Zalewski, Michael R.		
Indexes:	Handicapped		
Attachments:	1. O2011-1612.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	

.)- J90-002 12/27/05

APPLICATION FOR DISABLED PARKING SIGNS 77755 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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).

1. Date of Birth
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2. State Identification Number
3. Drivers License Number
4. Applicant Last Name
MI
First Name
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5. Home Address (primary residence)
STREET NUMBER DIR. STREET NAME
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| ZIP CODE
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6. Address where signs will be posted
STREET NUMBER
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STREET NAME
. WARD NUMBER
one Numbers
Home
Business

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8. Current Permanent Disabled Placard Number 66 Registered to Relationship to Applicant

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9. Current License Plate Number Registered to City Sticker No. Relationship to Applicant

10. Description of Medical Condition and Disability
king: F
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 □ffyo
12. If you answered Yes to question 11, please describe:
□ Garage; □ Driveway; □ Car Port; □ Other:
13. Is your off-street parking accessible? □ Yes; □ 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 ir the information provided.
Signature

Date