

## Office of the City Clerk

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

### Legislation Details (With Text)

**File #:** O2011-1618

Type: Ordinance Status: Passed

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

**Final action:** 4/13/2011

Title: Handicapped Parking Permit No. 74482

**Sponsors:** Zalewski, Michael R.

Indexes: Handicapped

Attachments: 1. O2011-1618.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	

#### AHKLIUAI IU1\J I-UH UIdADLCU rMMIMIMVa OIUINd

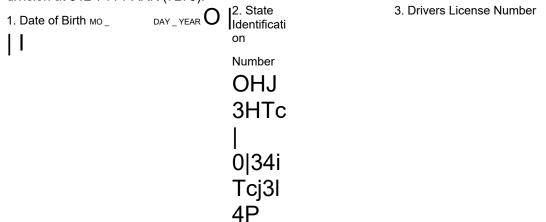
# PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

#### T4482

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).



File #: O2011-1618, Version: 1			
4. Applicant Last Name pole of the Name Address of the Name Addres	1	MI	First Name Cjf4 fr  R  L o * -
6. Address whns street NUMBER W  II be posted STREET NA	ame; / . <b>O</b> I, ward	NUMBER 1 1 1 1 1 1	1 1 1 1 1 1 \CW3
7. Phone Numbers Home <b>7   7 \375~\g</b>	Z Busin	ness	
	1		
	1		
8. Current Permanent Disabled Placard Number	Registered to		Relationship to Appli
9. Current License Plate Number	Regi stere d to	City Sticker No.	Relationship to Appli
10. Description of Medical Condition and Disabilit	ty		
Alternative Parking: Please note your application	may be denie	d if you have alternative acces	sible off-street parking options.
11. Is there off-street parking available at your pr	imary residenc	ce 🗆 YES TZS^NO (i.e., g	arage, car port, driveway, etc.)?
12. If you answered Yes to question 11, please d	escribe:   Gar	rage; □ Driveway; □ Car F	Port;   Other:
13. Is your off-street parking accessible? Q Yes;	□ No. Plea	ase explain:	
14. Affirmation: I hereby affirm that the above Revenue determines that the applicant has to be subject to a fine of not less than \$100 but that it is my responsibility to notify the Depart Signature Date	falsely repres t no more tha	sented one or more of the a in \$500, and the application	bove conditions, the applicant shall named shall be denied. I also understand

Office of the City Clerk Page 2 of 2 Printed on 4/26/2024