



Office of the City Clerk

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

Legislation Details (With Text)

File #:	O2011-1691		
Type:	Ordinance	Status:	Passed
File created:	3/9/2011	In control:	City Council
		Final action:	5/4/2011
Title:	Handicapped Parking Permit No. 73493		
Sponsors:	Stone, Bernard		
Indexes:	Handicapped		
Attachments:	1. O2011-1691.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 73493 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 2. State Identification Number 3. Drivers License Number MO DAY YEAR 0\ <J

4. Applicant Last Name /^{*1}|^{*}|/qL|A-|t-|r| 1 1 1 1 1 1 MI First Name n n^vioin
mini

5. Home Address (primary) DIR. *W* residence) STREET NAME
II ZIP CODE *A-1 ^KU-H 0\ | | | .4-1 p |r| 1- K*
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6. Address where signature was written
I will be posted
number STREET NAME /imfHKMward number

7. Phone Numbers Home -T | T | 3T

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

9. Current License Plate Number

Registered to

City Sticker No. **5**
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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 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 in the information provided.

Signature Date X-Xj ^ % <Q / (

FOR OFFICE USE ONLY

☐ FEE ☐ PLACARD/PLATE ☐ RESIDENCY ☐ COMPLETE

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TRUDY f.I MARI-ATT * . - -2649.W ARTHUR AVE ""CHICAGO IL.606T5 V :

v'pe: LIFETIME

Female 5'0ff; 126 lbs BRN Eyes "■ i^AT/'IS

Bank of America

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Order Of:

City of Chicago

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Bank of Americans not liable for lost or stolen Money Orders. For your protection-- against loss or theft. sign and complete this Money Order as soon as possible.

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San Antonio, Texas. ,■■■ \....., ;* .

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-. Signature Of Purchaser (Drawer) ■

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