



# Office of the City Clerk

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

## Legislation Details (With Text)

**File #:** O2011-1696  
**Type:** Ordinance  
**Status:** Passed  
**File created:** 3/9/2011  
**In control:** City Council  
**Final action:** 5/4/2011  
**Title:** Handicapped Parking Permit No. 68417  
**Sponsors:** Stone, Bernard  
**Indexes:** Handicapped  
**Attachments:** 1. O2011-1696.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	

### APPLKJAMUN hUH DISABLED KAttMNU OIVaINO PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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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).

Date of Birth

3  
2. State Identification Number

L1  
3. Drivers License Number  
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4. Applicant Last Name  
INT^IT2.|\*HI | | | | |

First Name  
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5. Home Address (primary residence)  
STREET NUMBER | CMR | STREET NAME  
A i l o l | M 171/9k In l/ W

IZIP CODE b\o |6ijn<sup>ef</sup>  
6 Address where signs will be posted  
STREET NUMBER | DIR | STREET NAME

MiUol \fi\ TMK |rrN/q|N| | |  
WARD NUMBER

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7. Phone Numbers Home  
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8. Current Permanent Disabled Placard Number  
Registered to

Relationship to Applicant  
9. Current License Plate Number  
Registered to

6. tlev-ty  
City Slicker No.  
Relationship to Applicant  
10 Description of Medical Condition and Disability

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ay be denied if you have alternative accessible off-street parking options. /  
Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options.

☐ yes 5Jn  
ii. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?  
12 If you answered Yes to question ii, 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

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FOR OFFICE USE ONLY

☐ FEE

☐ J PLACARD/PLATE ☐ RESIDENCY

☐ COMPLETE

tsabld Parking Application Payment Stub

Please make check or money order payable to the City of Chicago or

When paying with a credit card, please fill in the following information.

HIS PAYMENT WILL NOT BE PROCESSED IF NOT SIGNED

Card to. [

Exp. ^ <> . Date l\*~l "l

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I signing here I agree to the terms and conditions of this notice

PLEASE

• DO NOT fold

• DO NOT fold the payment stub(s)

• DO NOT staple line check or receipt to this stub(s)

**TOTAL AMOUNT DUE**

70.00

PAYMENT AMOUNT ENCLOSED

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