

# Office of the City Clerk

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

#### Legislation Details (With Text)

File #: 02011-1983

Type: Ordinance Status: Failed to Pass

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

**Final action:** 3/14/2012

Title: Handicapped Parking Permit No. 65031

**Sponsors:** Cardenas, George A.

Indexes: Handicapped

**Attachments:** 1. O2011-1983.pdf

Date	Ver.	Action By	Action	Result
3/14/2012	1	City Council	Failed to Pass	Fail
3/12/2012	1	Committee on Pedestrian and Traffic Safety	Recommended Do Not Pass	
3/9/2011	1	City Council	Referred	

Mar 09 2011 4:17PM

HP LASERJET FRX

773-523-8440

p.2

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

<9<Mt02 12;

#### 65031

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

DAY

#### gt \% | 1 1 o

- 2. State Identification Number
- 3. Drivers License Number
- Applicant La3t Name

#### <u>-fN 1''! tie</u>

I MI

First Name

### 6 W \\ 14[ 4lo IH

5. Home Address (primary residence)
STREET NUMBER DIR. I STREET NAME
STREET NUMBER DIR. I STREET NAME
,f^\_

File #: 02011-1983, Version: 1  3M(fffr kMns\r\t\r\n\) k\\\f\\\\   1   1	
6. Address where signs will be posted street parking in State Inside and State Inside Ins	File #: O2011-1983, Version: 1
STREET NUMBERS (STREET NAME	
Name Numbers Nome  1.1 I 13T¹0I7-RT^1 ) Business B. Current Permanent Disabled Placard Number Registered to Roy?*- Br^N-V-Vrrx  Relationship to Applicant D* A_ 9. Current License Plate Number Registered to Clty Stoker No. Relationship to Applicant 10 become the Number Registered to Clty Stoker No. Relationship to Applicant 10 becomption of Medical Condition and Disability  **Dorn Kyvrt Swa-rome**  Alternative Parking: Please note your application may be denied if you riave 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 JS No. 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: △△ (□ □ V-Ne V-Ne V-Ne V-Ne V-Ne V-Ne V-Ne V-Ne	
7. Phone Numbers Home  111   13T <sup>1</sup> 017-RT^1   Business B. Current Permanent Disabled Placard Number Registered to Roy?*: BriV-V/rrx Relationship to Applicant D* A_ 9. Current License Plate Number Registered to (IV) Stoker N. Relationship to Applicant To Description of Medical Condition and Disability  **DOFTH** KYVIT** Swa-rome** Alternative Parking: Please note your application may be denied if you riave alternative accessible off-street parking options. 11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)? 12. By Shape (i.e., garage, car port, driveway, etc.)? 13. Is your off-street parking accessible? Other: 13. Is your off-street parking off-street parking others. 14. Affirmation. In heavy laffine that the above information in the Chirch off-street parking options. 15. In the Chirch off-street parking options. 16. The Chirch off-street parking options. 17. In the Chirch off-street parking options. 18. It is the Chirch off-street parking options. 19. It is the Chirch off-street parking options. 19. It is the Chirch off-street parking options. 19. It is the Chirch off-street parking options. 11. It is the Chirch off-stre	?KIII&I mA*-\\$\*\ <l\r\<\\< td=""></l\r\<\\<>
Business B. Current Permanent Disabled Placard Number Registered to Roy?.* BfN-V-Virtx Relationship to Applicant D* A  9. Current License Plate Number Registered to City Sticker No. Relationship to Applicant 10 Description of Medical Condition and Disability  **Dorn Kyvrt Swa-rome**  Alternative Parking: Please note your application may be denied if you riave 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 JSIN OF Direvesy: □Car Port: □Other:  13. Is your off-street parking accessible? □Yes: □SIN o 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.  **UITN**  Date  37-11  FOR OFFICE  □ PLACARD/PLATE  □ RESIDENCY  □ COMPLETE  Mar 09 2011 4:17PM HP LASERJET FAX  11.11  11.11  11.11  11.11  11.11  11.11  11.10  00058260  16.3098314  **Healthcare Programs for Families  Case (D Number)  96  202  202	7. Phone Numbers Home
Business B. Current Permanent Disabled Placard Number Registered to Roy?.* BfN-V-Virtx Relationship to Applicant D* A  9. Current License Plate Number Registered to City Sticker No. Relationship to Applicant 10 Description of Medical Condition and Disability  **Dorn Kyvrt Swa-rome**  Alternative Parking: Please note your application may be denied if you riave 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 JSIN OF Direvesy: □Car Port: □Other:  13. Is your off-street parking accessible? □Yes: □SIN o 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.  **UITN**  Date  37-11  FOR OFFICE  □ PLACARD/PLATE  □ RESIDENCY  □ COMPLETE  Mar 09 2011 4:17PM HP LASERJET FAX  11.11  11.11  11.11  11.11  11.11  11.11  11.10  00058260  16.3098314  **Healthcare Programs for Families  Case (D Number)  96  202  202	111 I3T <sup>1</sup> 0I7-RT <sup>1</sup> )
9. Current License Plate Number Registered to City Sticker No. Description of Medical Condition and Disability  **Dorn Kyvrt Swa-rome** Alternative Parking: Please note your application may be denied if you riave alternative accessible off-street parking options. 11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?  9 **ES JS NO 12. If you answered Yes to question 11, please describe: 9 **Garage;	Business B. Current Permanent Disabled Placard Number
9. Current License Plate Number Registered to City Sticker No. Description of Medical Condition and Disability  **Dorn Kyvrt Swa-rome** Alternative Parking: Please note your application may be denied if you riave alternative accessible off-street parking options. 11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?  9 **ES JS NO 12. If you answered Yes to question 11, please describe: 9 **Garage;	Relationship to Applicant D* A
Description of Medical Condition and Disability  Dorn Kyvrt Swa-romc  Alternative Parking: Please note your application may be denied if you riave 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 JS NO  12. If you answered Yes to question 11, please describe:  Garage; or Driveway; or Car Port; or Other:  3. Is your off-street parking accessible? off-street parking accessible? Yes: F1 No Please explain: ^^^ e^-, \textit{ No Please explain: }  No P	9. Current License Plate Number Registered to City Sticker No.
Alternative Parking: Please note your application may be denied if you riave 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 JSJ NO  12. If you answered Yes to question 11, please describe: Garage; Driveway; Car Port; Chri:  3. Is your off-street parking accessible? In Yes. St. No Please explain:  "An I I I I I I I I I I I I I I I I I I I	
Alternative Parking: Please note your application may be denied if you riave 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 JSJ NO  12. If you answered Yes to question 11, please describe: Garage; Driveway; Car Port; Chri:  3. Is your off-street parking accessible? In Yes. St. No Please explain:  "An I I I I I I I I I I I I I I I I I I I	born Kyyrt Swa-rome
□ Garage; □ Driveway; □ Car Port; □ Other:  3. Is your off-street parking accessible? □ Yes; ₤ 1 No Please explain; △^^ (*-, ™ y^*) x v^*)  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 ot 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.  Revenue of any changes in the information provided.  ### Part	Alternative Parking: Please note your application may be denied if you riave 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 J5j NO
13. Is your off-street parking accessible? — Yes; £1 No Please explain; And	
UTN Date 3-7-11 FOR OFFICE E ONLY FEE PLACARD/PLATE RESIDENCY COMPLETE Max 09 2011 4:17PM HP LASERJET FAX 773-523-8440 !	13. Is your off-street parking accessible?   Yes; £1 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 ot not less than \$100 but no more tnan \$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.
Date 3-7-11 FOR OFFICE E ONLY FEE PLACARD/PLATE RESIDENCY COMPLETE Mar 09 2011 4:17PM HP LASERJET FAX 773-523-8440  !	
3-7-11 FOR OFFICE E ONLY FEE PLACARD/PLATE RESIDENCY COMPLETE Mar 09 2011 4:17PM HP LASERJET FAX 773-523-8440	UIII
FOR OFFICE E ONLY FEE PLACARD/PLATE RESIDENCY COMPLETE Max 09 2011 4:17PM HP LASERJET FAX 773-523-8440	
E ONLY   FEE   PLACARD/PLATE   RESIDENCY   COMPLETE   Mar 09 2011 4:17PM	<u>3-7-11</u>
FEE PLACARD/PLATE RESIDENCY COMPLETE Mar 09 2011 4:17PM HP LASERJET FAX 773-523-8440  I	
□ PLACARD/PLATE □ RESIDENCY □ COMPLETE Mar 09 2011 4:17pm Hp LASERJET FAX 773-523-8440  !	
RESIDENCY	
Mar 09 2011 4:17PM HP LASERJET FAX 773-523-8440  !	
773-523-8440	
1111 00058260 163098314  Healthcare Programs for Families Case ID Number 96 202 22	!
00058260 163098314  Healthcare Programs for Families Case ID Number 96 202 22	
163098314  Healthcare Programs for Families  Case ID Number 96 202 22	
Healthcare Programs for Families Case ID Number 96 202 22	
<u>Case ID Number</u> 96  202  22	1050/0514
<b>202</b> 22	Case ID Number
	202

arc

#### File #: O2011-1983, Version: 1

```
Eligibility Periods^^fe:-^>^^^^^y';!^;r:d
03-01-11

Through
03-31-11
CASELOAD:
902
BRITTON, SARAH
3316 S WESTERN AVE # 1
CHICAGO. IL 60608-6005
No copays for children under age 19 or pregnant women. No capays for generic prescriptions, lab, radiology, emergency or family planning services. Adult copays are $2 for certain types of medical visits, up to $3 per day for certain types of Inpatient hospital stays and $3 for brand name prescriptions.
```

Mfs 4B9KC IR-4-OS)
Mar 09 2011 4:17PM HP LASERJET FAX

773-523-8440

REMOVE BEFORE VEHICLE IS IN MOTION. THIS PLACARD IS NOTTRANSFERABLE. IT IS ILLEGAL TO COPY OR DUPLICATE THIS PLACAHD.

THE AUTHO R\*2\_£0 noLOE\*\*.'VJi'l fr, F/ pPF. St.T. ANO VU f>? f:M7\*f OR HOT I ML VCmOL .V IHh I IML THE f^RKifv'.'i kr/vilXOL?. ^\*\*-fL" DSHf:-^b b^L'O. UNAUTHORIZED L'^E- M^av R-TSUtJ irj r \\<r. S-: Sh'JiU(>^-OVIVIf- S:.,7:...Ts-Ji-;f? A/iG'Or? /WVDCATJUf; Or 7He P^AJAHi;.

## **PERMANENT**