



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-2004
Type: Ordinance
Status: Passed
File created: 3/9/2011
In control: City Council
Final action: 5/4/2011
Title: Handicapped Parking Permit No. 1229
Sponsors: Harris, Michelle A.
Indexes: Handicapped
Attachments: 1. O2011-2004.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	

DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: *Chandlers*

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE)
(PHONE NUMBER). REASON FOR REMOVAL:.

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN
MAINTENANCE FEE:

(Please provide information only if billing information differs.) ILLINOIS VEHICLE LICENSE NUMBER,
(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER.

(Secretary of State Disabled Placard) CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO
THE BEST OF MY KNOWLEDGE:

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

(Aldermanic Signature)

(Ward) (Date)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE
ALDERMAN, AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED.