



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-2008
Type: Ordinance
Status: Passed
File created: 3/9/2011
In control: City Council
Final action: 5/4/2011
Title: Handicapped Parking Permit No. 70822
Sponsors: Harris, Michelle A.
Indexes: Handicapped
Attachments: 1. O2011-2008.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	

City of Chicago Richard M. Daley, Mayor

Department of Revenue

Hugh P. Murphy Director

City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 312)744-6146 (312) 7-14.0471 (FAX) (312)744-2975 (TTY)

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OUI -AUNG CHICAGO ToChTHiK

DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER 10&2-<^

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: / ^ n f l P t o J g ' / T l c J Y r / S

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) OX* I *7 (PHONE NUMBER)

^ Z Z REASON FOR REMOVAL / f l c &

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: f a

(Aldermanic Signature)

3/3///

(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.