



Office of the City Clerk

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

Legislation Details (With Text)

File #: O2011-3079
Type: Ordinance
File created: 4/13/2011
Status: Passed
In control: City Council
Final action: 6/8/2011
Title: Handicapped Parking Permit No. 69339
Sponsors: Cardenas, George A.
Indexes: Handicapped
Attachments: 1. O2011-3079.pdf

Date	Ver.	Action By	Action	Result
6/8/2011	1	City Council	Passed	Pass
6/6/2011	1	Committee on Pedestrian and Traffic Safety	Recommended to Pass	Pass
4/13/2011	1	City Council	Referred	

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO:

SECTION 1. That an ordinance heretofore passed by the City Council prohibiting parking of vehicles at all times on portions of designated streets, be and the same is hereby amended by striking therefrom, the following:

"South Albany Avenue at No. 2417
Permit No. 69339."

SECTION 2. This ordinance shall take effect and be in force upon its passage and publication.

Applicant / Gabino-Rodriguez

^^GE^CARDENAS Alderman, 12th Ward

Rpr 12 2011 3:30PM HP LRSERJET FRX
773-523-8440

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Bureau <>i Parkins Enforcement U tzs CiMg/csj Parkway 2nd Fluor
Chicair*. illinois 6060\$ I.M21 •<<.i9

HANDICAPPED PERMIT PARKING

REMOVAL APPLICATION

■ t'OR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR HANDICAP

'PERMIT NUN3ER: Ci^S-S^

I (PLease princ at type.)

SAME OF HANDICAPPED INDIVIDUAL. QnjplrtO - 1^0rL\j.,r

REMOVAL LOCATION OF HANDICAP PARKING SPACE REQUESTED:

3417 3, fti^.

(Please princ or cype currenc Jign locacion address.) CHICAGO, ILLINOIS (ZIP

CODE) <%3 (PHONE DUMBER)

A"

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 HANDICAPPED PLACARD NUMBER:

.(Secretary of Sea Handicap Placard

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

(Signature of applicant) jFORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE.

ALDERMANIC CERTIFICATION:

(Ward)

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■_R APPROVAL. THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES. ALDERMAN, AT THE TIME THE
HANDICAP SIGN REMOVAL ORDINANCE IS INTROD