



# Office of the City Clerk

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

## Legislation Text

File #: O2011-61, Version: 1

City Council Meeting January 13, 2010

### MEMORANDUM FOR THE CITY CLERK

### PROHIBITION AGAINST PARKING SIGNS FOR THE DISABLED

NAME APPLICANT:

PRIMARY STREET ADDRESS: LOCATION SIGNS TO BE POSTED: PERMIT: HOURS:

DAYS:

CAROLYN CALHOUN

951 N. AVERS 951 N. AVERS 75946 ALL

ALL

Walter Burnett Jr, Alderman, 27th ward

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APP1JCA10 M FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY  
BEFORE COMPLETING THE FORM

75946

An application will not be considered a

- All lines of the application have been
- A check or money order for \$70.00 Please note: The application fee is
- Disability must be permanent as evidenced by a doctor's statement submitted at the time of application
- Proof of residency, in the form of a driver's license, state identification, or utility bills are submitted at the time of application.

Application must be completed in full:

Application payable to the City of Chicago is submitted as payment of the application fee: all fees waived for any person holding a valid, current disabled veterans certificate identified by a copy of their valid disabled placard and/or current valid driver's license.

Completed application forms may be received in person at P.O. Box 8C3100. Fee will be billed to you annually. Show 744-PARK (72751)

Turn in to the office of your alderman, any City of Chicago Department of Revenue, Chicago, IL 60680-3113, ATTN: Disabled Permitting Section. A \$25.00 maintenance deposit will have to be paid; or concerns, please call the permit processing division at 312

i. Date of Birth

4. Applicant Last Name

First Name

State identification Number: or

Driver's License Number

MI

5. Home Address (primary residence)

STREET ADDRESS: CITY, STATE, ZIP

6. Address where signs will be posted

Phone Numbers

7. Phone Numbers

7. Phone Numbers

First Name

First Name

First Name

First Name

First Name

First Name

First Name

8 Current Permanent Disabled Placard Nu

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9. Current Liconso Plaic Number

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10. Description of Medical Condition nnd Dis ibilih.

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Alternative Parking: Please note youi applic: lion may be oenisd il yi: .i haw alternative accessible oN-streoi aarkniq odik.i^

11 Is there off-street parking available at yoi (i.c garage, car port, driveway, etc.i'

12 it you answe'ed Ves to question 11. pi.a -I Garage: J Dnvweway: .J Car F

• pm iary residence -J irES Z) NO

e de scribe.

>rl J Other

13 Is your otl-strpel parking acco-si-lo<sup>1</sup> □ Ves: .21 No Plaaso axpl.vn

14 Affirmation: I hereby affirm thai tf\_ abov thai the oppiicam has laisoly represented or Si00 bul no more than \$500. and the applic Revenue o< any changes in ina infonnaiaon |

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Signature ^ ,iTV~U^C^~^"

Date ... C

FOR OFFICE USE ONLY

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RESIDENCY J COMPLETE "?q