

Office of the City Clerk

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

Legislation Text

File #: O2011-182, Version: 1

FRANK OLIVO

Alderman, 13th Ward 6500 S. Pulaski Road - 60629 Telephone: (773) 581-8000

CITY COUNCIL

CITY OF CHICAGO

COUNCIL CHAMBER SECOND FLOOR. CITY HALL 121 NORTH LASALLE STREET

TELEPHONE: (312) 744-3076

COMMITTEE MEMBERSHIPS

AVIATION - COMMITTEES RULES and ETHICS FINANCE

LICENSE and CONSUMER PROTECTION BUDGET TRAFFIC CONTROL and SAFETY ZONING

January 4, 2011

Honorable Patrick O'Connor Chairman

Committee on Traffic Control and Safety 121 N. LaSalle Street, Room 300 Chicago, IL 60602

Dear Chairman O'Connor:

I wish to override the following application for handicapped parking signs:

6424 S. Kostner - #77866

Your assistance with this matter will be greatly appreciated. If you have any questions, please call Shari Knight at (773) 581-8000.

With kindest personal regards, I remain

Sincerely,

Frank J. Olivo Alderman, 13th Ward

MEMORANDUM FOR TRAFFIC REGULATION PROHIBITION AGAINST PARKING (Except for the Disabled)

Applicant Name: KEVIN R DALY

Primary Street Address: 6424 S KOSTNER, CHICAGO, IL 60629 Location Signs to be Posted: 6424 S

KOSTNER Permit Number: 77866 Hours: At all times Days: No Exceptions

ALDERMAN FRANK OLIVO, Ward 13 3

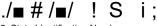
APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

77866

•An'aoplication will not be considered complete unless: Ail lines of the application have been completed in full;
A check or money order for \$70.00 made payable to me 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 iicense, state identification, or utility bills are submitted at the .'. lime of application.

:Completed application forms may be returned to: Ihe office or 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 S25.00 maintenance lee. will be billed lo you annually. Should you have questions or concerns, please call our permit processing-division st 312-7^-PARK C7275). ' j *: Diiio of Birth

; ■■!.- A:/[?i*. !nr Ui:-/. Name



2 State Identification Number Drivers L'ccnsc Nu,m;;er firs: Nanio

File #: O2011-182, Version: 1 •Si L'\ V - / :/I/| | j .; 5. Home Adult uss (primary m-miencs) .Ai.i-.rcss 'A'h!.;ro stijrs will he posted Fhr-ii: Numbers ^J£\A}0J2......\£?.....\°O ; 7\5~3\/\\ <file://\5~3\/\\>1(p-S\/ Registered to _____%£\\Ahj.-JML_Relationship to Applicant ___ i S .-- Current License Plate Number Registered 'o ! City Sticker Mo. N Relationship to Applicant 10 Docsct'tption of Medical Condition and Disability Alternative Parking- Please note your application xmf be domed if you nave alternative accessible off-stroot parking options. f.ls tw»c cfr-siteei parking available at your primary-residence - {i.e., garage, car port, driveway, etc.)? **y -- -..:-** jj YES _I NO f<Ht ye« ans'.veigd Yes to question 11, pleasa describe: J oarage. _J Driveway; J Car Port: .! :.. l;>.jcKii ol!;-;raei parking accessible" '_) Oilier: .- iShfcs. j^jNo. Please explain: Q \fi ".J..J

TO.....C>,

. t.t Ai'ır.Mtiw I hereby allirm thai ihe above information is true ond cor.-ect. II the Cuv ci Chicago Deportment ol Rove :•>.«•; detemwrs '∎i∎::,∎-: ...|j;i|i,-,n:t litis I.-i.sely represented ono oi more o! ihe nhovc conditions, the applies¹¹! shal' be subieci to a line ci to! los'j V-?:*¹ '∎∎UX: ;; .- nn nif.'f. than \$500, and C'lsi Mpi'wtlion shall be denied I also unusrstand that : is my responsibility to noi !y I"i':; Dacv".'i:*::si ol './ Hi'Vi:o' .ii-,v s.ijai'iocs in !lie-j'%«qa!i&fHirOvic'Cd.

11 i e«^»t»H ija t ion^iro v i c: c ct

--....-.../o/



FOR OFFICE USE C;NLY
h FEE
-"iJ.PLACARD.- PLATE
,'J):RESIDENCY

COMPLETE