



# Office of the City Clerk

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

## Legislation Text

File #: O2011-186, Version: 1

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

Applicant Name: ABEL ROMAN

Primary Street Address: 3920 W 69<sup>TH</sup> STREET, CHICAGO, IL 60629 Location Signs to be Posted: 3920 W 69<sup>TH</sup> STREET Permit Number: 73164 Hours: At all times Days: No Exceptions

ALDERMAN FRANK OLIVO, Ward 13  
2

### 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:

3920 W. 69<sup>th</sup> Street - #73164

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,

cm\*\*\*

Frank J. Olivo Alderman, 13<sup>th</sup> Ward

\*>ts>r'

### BEFORE COMPLETING THE FORM

APPLICATION FOR DISABLED PARKING SIGNS jgg^ 73164 PLEASE READ THE FOLLOWING CAREFULLY xr

An application will not be considered complete unless; /L^<^?^~^ • All lines of the application have been completed in full; l^J\*^A-~<2k7

A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee; JPlease note: The application fee shall be waived for any person holding a valid, current disabled veterans plate. Vr 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; •VProof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the time of application.

Completed application forms may be returned to: the office of 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 \$25.00 maintenance. " fee will be billed to you annually. Should you have questions or concerns, please call our permit processing division at 312' 7 744-PARK (7275).

3. Drivers License Number

| 1. Date of Birth

\ 2. State Identification Number

■oh7\*>TnlsTy l5i^acjdoisi^R!^

4. Applicant Last Name j MI fi | First Name 1 |AiB!rs!Li | ; j M M

fWiA /,.;' ; i !|1 M i 1 1 i i

5. Home Address (primary residence)  
STREET NUMBER IIIH. S!^ET MAUE

3^|3i|oi s|)|gq|±|h|s|h. |c|h| <file:///c/h/> riaaqiPi |x|l|l|  
<file:///x/l/l/> |b|c|c>|2r?

6. Address where signs will be posted  
~.mfi-:TNIH.,fi[.H j DM. | sTKEfTNM.tf.  
,\*\*rttl M<MBtF

7. Phone Numbers

/ i "7 i

Home

Business

\* 1 ^ri^ !? : ffl ola :Z.-

3. Currnc! Permanent Disabled Placard Number j Registered to

3£l-M£Z11 \_\_\_\_\_ Ui£iM2j£\_\_

7 !7 13 iZIZ.....l£Jh^.|<k-±

Relationship to Applicant

Current License Plate Number

Registered to J\_\_ City Sticker No.

Relationship to Applicant Cj L f^&F

10. Descnp&pn ol Medical Condition and Disability

Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options.

11. 1s thnre off-stroet parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

J NO

12. If you answered Yes to question 11, please describe:

yj Garage; ☐ Driveway: J Car Port; ☐ Other:

13. Is your olf-stree ☐ Yes;

&

^/Jarkrng accessible?

• No. Please explain: ft) Q o Q ^ pi (i^ u^

14. Affirmation: ! hereby affirm that the above information is true and correct. H the City of Chicago Department ol Revenue determines thai the applicant has falsely represented one or more of the above conditions, ihe applicant shall be subject to a fine of not less than 5100 but no more than \$500, and the application shall be denied, i also understand thai it is my responsibility lo notify the Department of Revenue ol any changes in the information provided.

Signature \_

Date

FOR OFFICE USE ONLY

☐ FEE

PLACARD/PLATE

cVre:

RESIDENCY

☐ COMPLETE