



Office of the City Clerk

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

Legislation Text

File #: O2011-190, Version: 1

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

Applicant Name: RUTH SEARS

Primary Street Address: 6351 S LAMON, CHICAGO, IL 60638 Location Signs to be Posted: 6351 S LAMON

Permit Number: 77862 Hours: At all times Days: No Exceptions

ALDERMAN FRANK OLIVO, Ward 13

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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:

6351 S. Lamon - #77862

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

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY ^ ^

77862

BEFORE COMPLETING THE FORM

An application will not be considered complete unless:

- All lines of the application have been completed in full; IA A ""yv ^f A check ;or money order for \$70.00 made payable lo the City of Chicago is submitted aspayment of the application fee;

Please note: The application fee shall be waived for any person holding a valid, current disabled veterans plate.

- v 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; fc/ Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the

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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 a; 312-744-PARK (7275).

1. Date of Birth

MO _ DA'

2 State Identification Number

3. Drivers License Number

MO _)AV _ 'EAM

4. Applicant Last Name

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First Name

5. Home Address (primary residence)

STREET NUMBER ■ t/in jmod.^inr..

STREET NAME

6. Address where signs will be posted

STREET NUMBER | 1)11'. 1 STREET NAME

7. Phone Numbers

Home

8. Current Permanent Disabled Placard Number

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9. Current License Plate Number

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Business

Registered to

Relationship to App'ic«ni

a\ Registered to -

City Sticker No

Relationship to Appiictn:

10. Description of Medical Condition and Disability

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

11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

12. If Aran answered Yes to question 11. please describe

^Jfearage. J Driveway: J Car Port: J Other

7*

YES _I NO

13. Is your off-street parking accessible?

☐ Yes: ^No Please explain^, o o pr-py- ~f O /V_*ri<^

14 Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue determines that the applicant has falsely represented one or more of the above conditions, the applicant shall be subject to a fine of not less than \$100 but no more than \$500, and the application shall be denied. I also understand that it is my responsibility, to notify the Department of Revenue of any changes in the information provided.

Signature

Date

FOR OFFICE USE ONLY

/fFEE

PLACARD/PLATE (J/f RESIDENCY J COMPLETE U'X^~