



Office of the City Clerk

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

Legislation Text

File #: O2011-285, Version: 1

MEMORANDUM FOR TRAFFIC REGULATIONS

OVERRIDE

PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc.:

South Clyde Avenue

Location, etc:

No. 8008

(Permit No. 77479)

Distance or extent:

Hours:

at all times

Days:

no exceptions

MAMIE G. GIBSON

MICHELLE A. HARRIS Alderman, 8th Ward

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

77479

An application will not be considered complete unless: All lines of the application have been completed in full:

A check or money order for \$70.00 made payable to the City of Chicago is submitted with 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; it must be evidenced by a copy of your valid disabled veterans placard with the current version of the application submitted at the time of application; » Proof of residency, in the form of a copy of your driver's license, state identification, or utility bills are <v> b n: Us. - 1 >: .: the t: ne o' : ilipn: ; ! on.

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 303100, Chicago, IL 60680-3100. ATTN: Disabled Permitting Section. A \$25.00 >na<; *ier> ancc> fee will be charged to you initially. Should you have questions or concerns, please call our permit processing division at 312-744-PARK (7275).

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6. Address where Signs will be posted

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Phone Numbers

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14 Afiiimaun: I hereby affirm that ihe above inlormation is ime and correct If the City of Chicago Ooparimfrfit y. P.cs-n<jt>.- txi.-r"«u.n that the applicant has falsely represented one or more ol lhe above conditions, the applicant shall bo subject :o a 'me -.if not l'J-ss than \$100 but no more than \$500. and ihe application shall bo dented. I also understand that it is my responsibility lo noiify ;nr? Dt;pi<r!r»cnt c.f Rovunoe of any changes in the information provided.

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FOR OFFICE USE ONLY

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CARD/PLATE

SIDENCY

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