

Legislation Text

### File #: 02011-506, Version: 1

JANUARY 13, 2011 CITY COUNCIL BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHICAGO: SECTION 1. PROHIBITION AGAINST PARKING (EXCEPT FOR DISABLED) NAME OF APPLICANT: LEAH M. ASHMAN PRIMARY STREET ADDRESS: 2900 W. FITCH LOCATIONS OF SIGNS TO BE POSTED: 2900 W. FITCH PERMIT NUMBER: 73527 HOURS: AT ALL TIMES DAYS: NO EXCEPTIONS SECTION2. This ordinance shall take effect upon its passage and publication.

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

73527

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 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 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 312-744-PARK (7275). 1. Date of Birth

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0\110\b\131° 2. State Identification Number

3. Drivers License Number

ftl/ISljrlsl5l\$l3lolzliW

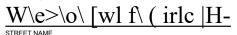
4. Applicant Last Name

IMI 1\*1 First Name

 $M e \setminus_A \setminus H$ 5. Home Address (primary residence) STREET NUMBER

2-111 0 10 I

<u>IZIP CODE</u> <u>ti\0\6\f\r</u> 6. Address where signs will be posted



NREL NAME WARD NUMBER 7. Phone Numbers Home Business <u>"711 \\*> 1 7 \L | / | / | 3-1 3-1 <</u>

8. Current Permanent Disabled Placard Number

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Registered to <u>A 6IJL</u> Relationship to Applicant 9. Current License Plate Number <u>& 2f tPO^</u> Registered to City Sticker No. Relationship to Applicant 10. Description of Medical Condition and Disability

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Alternative Parking: Please note your application may be denied if yob-rave alternative accessible ofpfetreet parking options 11. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)? I tM}, jdrajje, ^di pun, unveway, etc.j.[ ^-u cx^\&> t 12.If you answered Yes to question 11, please describe: 0 8 Garage;  $\Box$  Driveway;  $\Box$  Car Port;  $\Box$  Other:

# ^4

13. Is your off-street parking accessible? □ Yes; □ No. Please explain:

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 \_\_\_\_\_\_\_ //3 /" FOR OFFICE USE ONLY □ FEE □ PLACARD/PLATE □ RESIDENCY □ COMPLETE Disabled Parking Application Payment Stub

Please make check or money order payable to the City of Chicago or when paying with a credit card, please fill in the following information. THIS PAYMENT WILL KOI BE PROCESSED IF NOT SIGNED Card No.

37751% a ry83- $I^7$ 

Exp. Date

Signature: \_ By signing here I agree to the terras and conditions ol this notice. PLEASE: - DO NOT send cash - DO NOT told the payment ItuWI) - DO NOT staple the check or money order to the payment stub(s) TOTAL AMOUNT DUE \$

## 70.00 PAYMENT AMOUNT ENCLOSED

#### CXZ>

TO ENSURE PROPER CREDIT PLEASE RETURN THIS STUB Wmt VOUH PAYMENT 0DQD007352770D01