



Office of the City Clerk

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

Legislation Text

File #: O2011-514, 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:

PRIMARY STREET ADDRESS:

LOCATIONS OF SIGNS TO BE POSTED:

PERMIT NUMBER:

HOURS:

DAYS:

EILEEN S. NATHAN 6713 N. FRANCISCO 6713 N. FRANCISCO 73525

AT ALL TIMES NO EXCEPTIONS

SECTION 2. This ordinance shall take effect upon its passage and publication.

BERNARD L. STONE Alderman, 50th Ward

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM 73525

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 MO _ DAY _ YEAR 0 | 2. State Identification Number 3. Drivers License Number <1 3 f \°~z \i | 7|3

4. Applicant Last Name tf\ *|r\k\A\tJ\ <file:///k/A/tJ/Mi S First Name e\' \L\e\s\".....1

5. Home Address (residence) STREET NAME II ZIP CODE f\KIA\W\

STREET NUMBER "71 /13] DIR

6. Address where signs will be posted STREET NAME f\K I , WARD NUMBER 1 ^ 1y 1 B/ 1 ! 1 /-/ 1 6 10 II :

STREET NUMBER \3 I

H

7. Phone Numbers Home

Business

-----r i i i i

8. Current Permanent Disabled Placard Number Registered to

Relationship to Appli

'9. Current License Plate Number

Regis
tered
to

City Sticker No.

Relationship to Appli

10. Description of Medical Condition and Disability

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 ☐ YES ☐ NO (i.e., garage, car port, driveway, etc.)?

12. If you answered Yes to question 11, please describe: ☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other:

13. Is your off-street parking accessible? Q Yes; ^2 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

FOR OFFICE USE ONLY

☐ FEE ☐ PLACARD/PLATE ☐ RESIDENCY ☐ COMPLETE

EILEEN NATHAN 04-07 Tio²³¹

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JULIUS L. NATHAN „

6713'N:FRANCISCO AVE. X^C- X t'- ^UjiO

CHICAGO, IL 60645-4315 2*3-

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