

Legislation Text

File #: 02011-538, Version: 1

## MEMORANDUM FOR TRAFFIC REGULATIONS OVERRIDE PROHIBITION AGAINST PARKING (Except for the Handicapped): Street, etc: East 83<sup>rd</sup> Street Location, etc: No. 1136 A (Permit No. 71018) Distance or extent: Hours: at all times Days: no exceptions WAYNE GILES MICHELLE A. HARRIS<sup>^</sup> Alderman, 8th Ward

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

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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 tn Jhp nity.-oU^faiftftgn k Miinniiii'ii ,v, pnyrriHaLnf }hp 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;

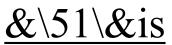
• Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the time of application.

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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2. State Identification Number

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Drivers License Number
 Applicant Last Name

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First Name

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5. Home Address (primary residence) STREET NUMBER DIR. STREET NAME bilffod NUMbith UIH. SIHbil NAMI, -i.				
$\int \left( \frac{3}{b} \right) \left( \frac{y}{z} \right$				
6. Address where signs will be posted STREET NUMBER DIR. STREET NAME ONI INVINCE LUIN. OF ILL I VICE , WARD NUMBER				
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Business - Q,Q1-is				
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Home				
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ht <sup>&lt;</sup>	/	Registered to	Ο.	Relationship to
8. Current Permanent Disabled Placard Number ht <sup>&lt;</sup>				Applicant
S76(e 5»				
9. Current License Plate Number	i i Regi	istered to	City Sticker No.	Relationship to Applicant
			City Clicker No.	
40 Description of Madical Condition and Dischility	1			
10. Description of Medical Condition and Disability i dejnied if you have alternative-arc				
Alternative Parking: Please no~te~your application may be defied 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.)?				
<ul> <li>YES NO</li> <li>12. If you answered Yes to question 11, please describe:</li> </ul>				
□ Garage; □ Driveway; □ Car Port; □ Other: 13. Is your off-street parking accessible? □ Yes; JS^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 denie				
of Revenue of any ohanges in the information prided. Signature .				
Date				
FOR OFFICE US^jZfNLY V				
MEMORANDUM FOR TRAFFIC REGULATIONS				
OVERRIDE				
PROHIBITION AGAINST PARKING (Except for the Handicapped):				

(Permit No. 71018) Distance or extent: Hours: *at all times* Days: <u>no exceptions</u> WAYNE GILES

MICHELLE A. HARRIS Alderman, 8th Ward