



Office of the City Clerk

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

Legislation Text

File #: O2011-549, Version: 1

MEMORANDUM FOR TRAFFIC REGULATIONS

OVERRIDE

PROHIBITION AGAINST PARKING (Except for the Handicapped):

Street, etc:

South Hemitage Avenue

Location, etc:

No. 8610

(Permit No. 71058)

Distance or extent:

Hours:

at all times

Days:

no exceptions

WILLIAM S. SHEETS

LONA LANE Alderman, 18th Ward

APPLICATION FOR DISABLED PARKING SIGNS 71058 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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

2. State Identification Number MO _ OK* - YEA* _ _ /

3. Drivers License Number S' L2

|o~<?|3 (| \aj</g f |/

4. Applicant Last Name

£\Hi\Z\etf[S \ i i i i i i m P MI

First Name U>\ I/ |i |/ |A|A?
| | II

5. Home Address (primary residence) CX STREET NUMBER I OB-| STREET NAME| » I

6. Address where signs will be posted Ith STREET I

, WARD NUMBER i /Mio i i i i i i 1 i / 0

7. Phone Numbers Home 3 .0

Business --11 T 1 "1TT 1 1

|5T7|1| <1

Relationship to Applicant

9. Current License Plate

Registered to ***la)>***
Sheets

Cily Sticker No.

Relationship to Appli

10. Description of Medical Condition and Disability

 $fco / U - \epsilon \sim S$

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 J^TyeS <fl^NO (i.e., garage, car port, driveway, etc.)?

12 If you answered Yes to question 11, please describe: 3 Garage; ☐ Driveway; ☐ Car Port; ☐ Other: Uo*-^ fav Pf~£\$rC/.

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 Jij/j//^ ^Ai2 Date /^^^

FOR OFFICE USE ONLY

☐ FEE ☐ PLACARD/PLATE ☐ RESIDENCY ☐ COMPLETE

PEOPLES GAS

ACCOUNT NUMBER: 0 5000 2246 3643

BUDGET AMOUNT OF \$170 00 WILL BE SENT TO BANK FOR AUTOMATIC PAYMENT ON 09/30/2010

•ijH"ll.....Hull.....h"l"i"ir"l¹!!.....l•r1■•11■1¹1-■>

WILLIAM SHEETS

B610 S HERMITAGE AVE

CHICAGO IL 60620-4839

PEOPLES GAS CHICAGO IL 60687-0001

iiuuuuuuuuunnnnnnnnnnn

Yes, I would like to pledge one dollar per month to the Share the Warmth fund which helps low-income customers pay energy bills.

I have added one dollar to my payment. Check this box -> |~1

Please do not write or stamp below this line.

^505000224b3bM3000Qr>DaODD017000000000

Gas Charge \$53500 x 26.20 Therms

Efficiency Program

Environmental Charge soowo *	26.20 Therm*
------------------------------	--------------

\$14.02 SO 45 \$0 09