



Office of the City Clerk

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

Legislation Text

File #: O2011-961, Version: 1

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

73481

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 *O / O ; i !* 2. State Identification Number *S Y i*
kid7lo ISl'i

4. Applicant Last Name *| MI | S IA | 01 i | r | u | | | |* First Name *| ri | A |*
H | | |

5. Home Address (primary residence) UIH. STREET NAME *\C\A U-k Ik* II ZIP CODE *14|S*

6. Address where sign will be posted STREET NUMBER *v \ cll |a|c |<2|Ar|oMrl If M 1 1 1 1 1 1 1 1 1 1 lofo* „ waho number UIH.] STRE

7. Phone Numbers Home *7 | 7 |'-3 T7 Yt 13 T \$ I 3* Business *2 K 7 / 7 yb J7 / T /v T4 1 o l.*

8. Current Permanent Disabled Placard Number Registered to Relationship Applicant ..

9. Current License Plate Number Registered to City Sticker No. *3015}3<?* Relationship

10. Description of Medical Condition and Disability *c ■ ~ - .-»/»...- ,*... » ^ _ .*

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 ☐ 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? 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.

Date *CE/0// 2. QU*
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 NOT BE PROCESSED IF NOT SIGNED
Card No.

4 3 8 57 & O 4 2 I 7 i Z O 3

Date 1/

☐ Signature:.

PLEASE:

> 00 NOT send cash
■ 00 NOT laid the payment Etub(s)
■ 00 NOT staple the check or money order to the payment stub(s)
By signing here I agree to the terms and conditions of this notice.

TOTAL AMOUNT DUE

70.00

PAYMENT AMOUNT ENCLOSED

\$ 70.00

10 ENSURE PROPER CREDIT PLEASE RETURN THIS STUB WITH YOUR PAYMENT
DDDDDD73Mfll7QQDtj

iwCmo-,5320:3206-8081 dob>; 03-19-68 : , ' ~

ExpirVs>03-I:9-I? .

^,ed^p3f07-rQ8// ■

HAJRUS SADIKUr^C^ 'A -6*56 N CtAtttMONT AVE \. -'.CHICAGOil'/6064r ./ : ; ,

"Class: D

- f.-<|-: ;''''

Rest: -B '■■■Tvini: ORG

Mule

-5'07" .160 lbs BRM Eyes',,-: ^jjj^M^Kjr-'