

Legislation Text

File #: 02011-966, Version: 1

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January 19, 2011 ALDERMAN BERNARD STONE WARD 50 121 N LA SALLE STREET - 203 CHICAGO, IL 60602 Dear ALDERMAN STONE:

Please see the attached application for disabled parking signs. The applicant is requesting a restricted parking space within your ward.

The Department of Revenue will conduct a parking study and review the application for compliance with Chapter 9-64-50 of the Municipal Code of Chicago. The Department will make its recommendation to you within thirty (30) days of the receipt of the application fee.

Should you have any questions or require additional information, please contact our office at 312.742.7434.

Deputy Director Department of Revenue Enclosure: Disabled Signs Application

APPLICATION FOR DISABLED PARKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM 74672

An application will not be considered complete unless:

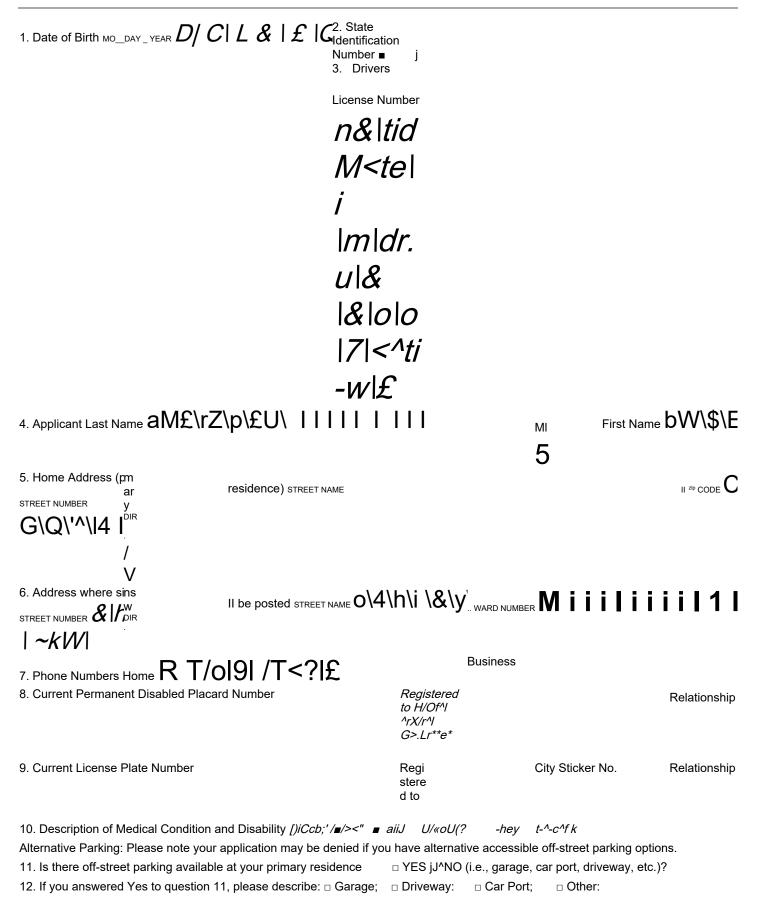
• All lines of the application have been completed in full;

• 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 ihe 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).



13. Is your off-street parking accessible? 'iu Yes: I?⁷ Mo. Please explain:

COMPLETE h1rloo

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 \pounds 100 but no more irian \$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 U9£^ONLY

□ PLACARD/PLATE □ RESIDENCY