File #: O2011-1501, **Version:** 1

02/18/2811 38:27 7733241585
PAGE 83/

APPLICATION FOR DISABLED PARKING SIGNS 59 ■, 64
PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

An application win not he considered complete unless:
• Ail lines o* the application have been completed in full.
A check or money order for S70.00 made payable to the City ot Chicago is subnM:*ci at. r.nvn«*»M t'v aapiurf-.. ■ Please note: The application lee shall be waived lorany oerson holding a valid, cir^nt rii*<it;*t<i «••!««»■« pint"
• Disability must De oernanem as evidenced by a cony erf your valid diMfolec piaCiuo r'i>:.i ■> ■<;-•> ..-;ic- ,{,.,;.,-..•• ,i- .-. submittec! at the time ol application;
Proof of residency, in Ihe 'cm ol a copy of your arivers license, slate icientih-^iMn :v mhli; . utowiifc.: .1 i
time o< application
Completed application lorn-is may be returned to: the oflice of your alderman, any City ot CluAutic i. 'i; .i- :i:-:m .:>- ■ >(.'■,■<.■: . ,. facility. r>r via mail at P.O. Box 803100. Chicago. IL 60680-3100. ATTN; Disabled Pem-iittinn Section A S2S.00 •n^nnyviro fee will be billed to vou annually. Should you have questions or concerns pieasr can aw pww.f. ■r-Kwt'yq H.iv.sr■•: 744-PARK (7275I.

■ 1 Dale otolith ' 2 State Identification Nijmber I :i. 0"."-. '. i::'r.s!- Ni
WO _ i'A' _ 'I.M. _ _ _

0 i 3 i.....L_L2_i X]£jA.J.rLtf±/j./ lALiM.M.fejj:.J.:^,r.cv , / u /"V.

*. Applicant Last Name T mi "
5. Home Address (pnma<y residence)
STHFI-1 Sin*fO 1 run | jtiu.[t s,»vl
4?!7i/ lV j S i/?i*ift,f g;/,E. 73:1-' if A . . j £ . ,;.. (.
Fir?! Maine
6 Address where signs will be posted
ll ill^£^l€l 1 71/ l^uAhm^lIl.....I.....I. k:. f i-, /
i 7. Phone Numbers Homp ; Business
L.7.iljlZA.....A All. .7.1? "J i
j 8 Currenl Permanenl D'Sabted Placard Number 1 Registered if
1 /6(7i~;? '7Z±k$o<-;
'■.i: : ■ ,1:
SV Current License PlaiO Numfioi Registered to i Cily S;n:kr.' Mr. <'. <i
\.Hl-ci+-369_____..... f-ftZ&c* .....;.
*: "0 DrsciCtion ol Mndnial ConrJiimn ant; Dir-ari'lity fiLIL-C Tif^/tS if"' ' X *t-~- ■'i f <-'■*
! Alternative Parking1 otoase noi': yc-in iionlication outy l>« denwj it yd' h\t»vt- ai|r>rii»!--ve .v.ee«si(M.- •
■ '! In t'asMV off-street paring available ai your primary reS'Ctenec YER -J NO I (i.e. garage. r..n no't. ativcwjjv nit: P
■ " '!y^u t'n?were0 Vc;. ro auifsfiun 11. please deseriSe ^jGar^e: JPnvpwav: J Car Port J Oilier.
: 13 yoirr oli-strccLp^rking accossibte7 AStff&KdisJ (asAc-K wily ~/~7; ¡-.'-^'r-.W ■•v"'
■r.i)■> -!M : :i' ir.>»
14. AKirmsHon: I hereby ttlfirm thai the above information is. true and corroci. 11 iho Dtv o! Cr^i w.\ ;1 >."i;n:v--.i ..! i.....
•hat the applicant has 'aisely represented one or mo'o of Ihe above conditions, the applicant sh.ill Vie. r*ul>|i,-r;: u,.. imr r- r,c.: if.r.«. f 00 but no more than $000. and ihe application shall be denied. 1 also understand thai it * ritsoonsiWitv 1 r«Mi!>. :: Onsa'in---Revenue o' any changes in the information provided *
Signature
FOR OFFICE USB^QNLY V, Q>\.^Ct' & '(' > X
JTFEE J PLACARD/PLATE ^.RESIDENCV J COMPLETE ^-7/ ,