



# Office of the City Clerk

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

## Legislation Text

File #: O2011-1521, Version: 1

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

72489

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

04-10-31\*

2. State Identification Number

3. Drivers License Number

4. Applicant Last Name

GIAIUIFI

MI

First Name

6iE^A\p\i\4\ q

5. Home Address (primary residence)

\_ STREETNUMBER DIR. | STREET NAME

7f7l0l6l 1S| V\£\^\^\b\U\ . 1A1V1£j/J|ij|£

I ZIP CODE

lk 101& K Pi

6. Address where signs will be posted

STREET NUMBER | DIR. | STREET NAME

- STREET NUMBER DIR. | STREET NAME

7i7l0lfel iSMaiMoiM 1 A|i/|if ixJiu

if<sup>7</sup>

7. Phone Numbers

Home

7i7i^t&i7i4tC|-3 <310

. WARD NUMBER

01016

Business

8. Current Permanent Disabled Placard Number

Registered to

Relationship to Applicant

9. Current License Plate Number

'2| dS5>o

Registered to

City Sticker No.

Relationship to Applicant

10. Description of Medical Condition and Disability

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 (i.e., garage, car port, driveway, etc.)?

☐ YES ☐ NO

12. If you answered Yes to question 11, please describe: ☐ Carage; ☐ Driveway; ☐ Car Port; ☐ Other

use, ,

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

Date

FOR OFFICE USE ONLY ChQCH # 1567

MFE ☐ PLACARD/PLATE ☐ RESIDENCY ☐ COMPLIANCE FTF, <k-n/GO