



# Office of the City Clerk

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

## Legislation Text

File #: O2011-1543, Version: 1

Mar 08 2011 4:19PM HP LASERJET FAX 773-523-8440

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

p.4

75225-

An application will not be considered complete unless:

- AM 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 13 I 3. I 7 I k 13>

2. State Identification Number

IL

| MI

k

3. Drivers License Number

vi\*lolaT-7l 3l Si CLMaUh

4. Applicant Last Name

XKl alol I I I I I I

First Name

5. Home Address (primary residence)

STREET NUMBER

Ul ah b l s

IMBER 0B. j STREET NAME II 7/P CODE

bl lskkUlpftk 11 MI lANKl M I i I I UloHPia

Address where signs will be posted

STREET NUMBER I DIR. STREET NAME

I I I I M < 1 I

WARD NUMBER

7. Phone Numbers

Home

Business

8. Current Permanent Disabled Placard Number

Registered to

Relationship to  
Applicant

1 J

9. Current License Plate Number **5~7<i37 r P** Registered to City Sticker No. Relationship to Applicant

10 Description of Medical Condition and Disability **Wfl S ', a cow Ace**

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 & Q*io*

12 If you answered Yes to question 11, please describe:

☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other:

13. Is your off-street parking accessible?

QYes; QLHo. Please explain: -VVxcr c aye, ^ \\_IT ^ Cw S -VUcTT ^UA y k ]vi"Hc

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.

"> v-i| ....

FOR OFFICE USE ONLY

☐ FEE

☐ PLACARD/PLATE

☐ RESIDENCY

LI COMPLETE

Mar 08

2011 4:19PM

HP LASERJET

FRX

\_ ^ tHfe PLACARD IS NQTTRANSPEfiable.

rf is Illegal Td copy or duplicate this placard.

773-523-8440

"HE AUrHdRIZED'fICLbFh MUST HE me.Sr'JT AND MUST ENTER Oh fx IT HE VEHICLE AT THE TITtE 1H6 PARKMG PDH'ILCGES ARE BEING USED NAUTHpmZEtf USE. MaV HEbUlt IN a SbCO RME AND SUSPENSION D= RIVERf S LICENSEAHD,'OR fcEVOCA^Oh OFTHEf fxl-A.i:fIRD.

**PERMANENT**

**BB 28494**

0 0  
1 : 1 j  
2 I  
3  
4 4  
5 r-  
6 ]  
7 7 1

8 8  
& 9

June May Apr. Mar. Feb. Jan.

r''

**BSeI**

NUMBER ISSUED

V200-■/;}.%■ 3089 02-2008

RUPERTO VVfHGA 40S3 S CAMPBfiU. AVE CHICAGO IL 60633

Jesse White • Secretary of State

Birthdate 03-27-63

Male 5'06" 2l0lt>s BRN Eyes

Re9t\*9ions Type Clasfe

OfcG D