

## Office of the City Clerk

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

### **Legislation Text**

File #: O2011-1565, Version: 1

# APPLICATION FOR DISABLED PARKING SIGN& PLEASE READ THE FOLLOWING CAREFULLY

74244

P.

### BEFORE COMPLETING THE FORM r~\*-\*~\*\*)-

a.-, application will no? be considered complete unless: T" "} '--

A« lines of the application have been completed in full. '■ 0 J<sup>4\*</sup>^--'

A chock or money order for \$70.00 made payable to the Cry of Chicago is submitted as payment of the appticn'on .j Please note-' The application fee shall be waived for any person holding a valid, current disabled veterans p!at«i. y »v Disability "lust he permanent as evidenced by a copy of your valid disabled placard apd'or currni; vehicle n "v ,suited si the f.j, ;-,<: • o? application: / Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at me time of applicatior.

^mplsied application forms may be returned to: the office of your alderman - any City of Chicago-Department of FtevBRut

facility, or via mail at P.O. Box 803100. Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. A \$25.00 main\* fee will be billec to yon annually. Should you have questions of concerns, please call our permit prvvissiriq div&k/r 74-i-PARK {?2?S}. Dale of Birth

2. State iOentifirsiiion Numfctn j mo\_fjc.y yc.-vh /■ ■■!

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First Name

5 Heme Address (primary residence).

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fi. Address where signs will be posted

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City Stickor'Nc.

,:10.Description.ol Medical Condition and Disability. "fy Q.uJq it 1<\$Cl fflA. ^ c?j. j Ai'.omyiivc Parking:

ng: Please note your application may be deniad rf you hive afterhative accessible bff^treet poking options

! "1. is mom off-street pacing avnilaDloat you: primary' residence {i.e., garage, car port, driveway, ptc,)?

12. il you answered Yes to aues.tfon. f.f, please describe: . ^Gsracje-..-■ □ Driveway: . . □fCar Port: □■Other:

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yes -Ji no

l3.ls<sub>v</sub>youf ofi-strefli parking'accessible? )4 □ No. Pfease explain:

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14. Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Revenue det«rrft:ocsi thai trio applicant has lalsely represented one or more of the above conditions, lhe applicant shall be subject to a iins of not loss then \$100 but no mom lh3n \$500, and the application shall be denied. I also understand that it is my responsibility to nolify the Dspartmurii of Revenue of any changes in the information provided.

FOR OFFICE -USE ONLY 

FEE

PLACARD/PLATE RESIDENCY

#### FRANK OLIVO

Alderman, 13th Ward 6500 S. Pulaski Road - 60629 Telephone: (773) 581-8000

#### CITY COUNCIL

CITY OF CHICAGO COUNCIL CHAMBER

SECOND FLOOR, CITY HALL 121 NORTH LASALLE STREET

TELEPHONE: (312) 744-3076

**COMMITTEE MEMBERSHIPS** 

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LICENSE and CONSUMER PROTECTION BUDGET TRAFFIC CONTROL and SAFETY ZONING

February 24, 2011

Honorable Patrick O'Connor Chairman

Committee on Traffic Control and Safety 121 N. LaSalle Street, Room 300 Chicago, IL 60602

Dear Chairman O'Connor:

I wish to override the following application for handicapped parking signs:

3613 W. 70th Street - #74244

Your assistance with this matter will be greatly appreciated. If you have any questions, please call Shari Knight at (773) 581-8000.

With kindest personal regards, I remain

Sincerely,

Frank J. Olivo Alderman, 13th Ward