

Legislation Text

File #: 02011-1566, Version: 1

APPLICATION FOR DISABLED PACKING SIGNS PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING IHE FORM

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An application will nol be considered complete unless

• All lines of the application have been compieledin full;

• A check or money crdsr for S7C 00 made payable tc the City ot Chi.:ag< is submitted as payment of the application fee; Please nole: The application fee shall be waived for any person hoiling a valid, current disabled veterans plate'.

• Disability must be permanent as evidenced by u copy of your valid t'isa. >led placara and/or current vehicle registration submitted al the time ot application:

• Proof of residency, in the form of a copy of your drivE :s license, stat.' idf ntification, or utility bills are submitted at the time of application.

Completed application forms may be returned to: the offke of your aldennan any City of Chicago Department of Revenue facility, or via mail at P.O. Box 8031 DO. Chicago. IL 6068C-3100, ATTN; Cisal led Permitting Section A S25.00 maintenance fee will be billed to you annually. Should you have questions or concern:, pi >ase call our permit processing division at 312-744-PARK (7275).

1. Date of Birth

____YEAR

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State Identification Ni imber
Applicant Last Name

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3. Drivers License Number f SipEriT NUMBEP DIR. STREET NAME

Tp|X|T| \(D\ \)J\&\S\T\QH\Z?\

6. Address where signs will be posted STREET NUMBER I DW | STPS?tname Phone Numbers Home

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8. Currant Permanent Disabled Placard Number

9. Current License Plate Number

I i A, i v ZL . WARD NUMBER

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Business Registered o

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5T-Relationship to Applicant Relationship to Applicant

Alternative Parking. Please note your application may be deninri .'I you have alternati 'e a cessiMe cfl-stroet parking options. 11. t? there off-street parking available at your pr.mary residence (i.e., garage, car port, driveway, etc)?

<u>12. If you answered Yes to question 11, please describe. \Box Garage; \Box Driveway, \Box Car Port; \Box Other 13.1s your off-street parking accessible⁷</u>

3.is y Yes:

No. Please explain:

14. Affirmation: I hereby affirm that the above information is true an: correct. If the City c Chicago Department ol Revenue determines that the applicant has lalseiv represented one or more of the above iDnrjitions, the acplic; 11 sha I be subject to a fine ot not less than \$100 but no more than \$500, and the application sfiall be denied. I i- 'so understand 11 at it s my responsibility to notify rho Department ot Revenue ot any chanQES in the informal Sicna'urc

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FOR OFFICE USf ONLY