



# Office of the City Clerk

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

## Legislation Text

File #: O2011-1567, Version: 1

### APPLICATION FOR: DISABLED PARKING SIGNS PLEASE READ THE FOLLOW BEFORE COMPLETING THE FORM S~ 72136-

An application will not be considered complete unless: AH lines of the application have been completed in full; ..-A^chck uvriortey order for \$70.00 msde, payable to the City of Chicago, is submitted as payment of this application fee. Please note: The application fee shall be waived for any person holding a valid current disabled veterans' license.

Disability must be permanent as evidenced by a copy of your valid disabled placard and/or current "V\$Kc~ rejjistfalion" submitted at the time of application; ■W- Proof of residency, in the form of a copy of your driver's license, date identification, or utility bills are submitted at the time of application.

Completed application forms may be returned to the office of your aide, any City of Chicago Department, 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 process at 312-

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Driver's License Number

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■\*i Applicant Last Name . . . II MI |

744-PARK (7275).

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e in

First Name?

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(5. Home? Address (primary residence)

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■\*S~' Address where signs will be posted Phone Number: tici'

Fr-' I;

■Home

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Business

8. Current Permanent Disabled-Placard Number Registered to

6 A 2 1353 Posij Ku^dork.

■9. Current License Plate Number

Registered to

City Suffix No.

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Relationship: to Applicant

Relationship to Applicant

£10. Description of Medical Condition and Disability i

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Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking option\*.

.1.1. 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:

J Garage: ☐ Driveway: ☐ Car Port: ☐ Other

.13 Is your off-street parking accessible?

J Yes; ☐ No Please explain:

14. Affirmation, I hereby affirm (not 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.

PLACARD/PLATE RESIDENCY COMPLETE A-  
for office use only

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## **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:

6030 S. Kenneth-#72136

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, 13<sup>th</sup> Ward