



Office of the City Clerk

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

Legislation Text

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City of Chicago Richard M. Daley, Mayor

February 1, 2011

Department of Revenue

Bea Reyna-Hickey Director

City Hall, Room 107A 121 North LaSalle Street Chicago, Illinois 60602-1288 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY) - <http://www.cityofchicago.org>

ALDERMAN TONI FOULKES WARD 15

3045 W 63RD STREET CHICAGO, IL 60629

Dear ALDERMAN FOULKES:

The Department of Revenue recommends installation of disabled parking signs as described below. The application has been reviewed and a survey of the location has been conducted. Since the applicant has met the requirements outlined in the Municipal Code, the signs will be installed.

Provided is the name and address of the applicant, the exact location proposed for the signs, and the permit number assigned. Please introduce an ordinance to post residential disabled parking signs at the location recommended, if one has not yet been introduced.

Applicant's Name: JAMES J SULLIVAN Applicant's Address: 3246 W 66TH PLACE Address/Location of Signs: 3246 W 66TH PLACE

Permit Number: 77858

Work Order Number: H11-109

If the proposed ordinance is not passed within four months after its introduction, the permit shall be revoked and the restricted parking signs removed. Should you have any questions or require additional information, please contact our office at 312.742.7434.

Very truly yours,

Anthony Gambino Manager of Parking

Enclosure: Disabled Signs Application

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**ABPEIQATtan^MDISABLETOARKINGSIGNS ~ ~^SE?aj^QOTE\FOIil^WJNG
CAREFULLY**

'befoSe'^M^^^he form

.V " An application will not be considered complete unless: » All lines of the application have been completed in full; Hi ' A check or money order for \$70.00 made payable to the City of Chicago is submitted as payment of the application fee; |"i Please note: The application fee shall be waived for any person who is a resident of the City of Chicago.

Disability must be permanent as evidenced by (a copy of your valid disabled placard /and/or current vehicle registration) ; ^t^ . " submitted at the time of application; - ■ '<:" _ j- "

;'A':? ' Pfo-f of residency, in the form of a copy of your driver's license, state identification or utility bills are submitted at the 't-& time of application. " :

Completed application forms may be returned to: the office of your alderman, any City of 'eBta?ga-Ppp«rtmo,"f of-Rsvrnuo facility, or via mail at RO: Box 003100; Chicago, IL 60680-3100. ATTN: Disabled P«rV/tijig Section?IA t?b-00 n-sintKnance fee will be billed to you annually.. Should you have questions or concerns, please call our processing division. il #fc2* ■■ 744-PARK (7275), ■ ■ "':-J' : ■-: ' ' ^ ■

Date of Birth

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•4- Applicant-Last Name ♦ ♦ ^bwt'-l^rst Name ♦ ♦ - !-.'

■3. Drive*?. LicenseNbmbnr..

4; Appicaititil&st Name

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5. Home Address (primary residence)

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6. Address where signs will be posted ^7-sy«6r mf^wfa --l wfi."/sr«teET/fiA».i=- -//♦

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• (u;.; garage, car pert, drivev.'ay. etc)? ' . _____

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Signature.....y^M^k..

myWs^p'sib'iitiy tb:ribti,fy'tteiDep^ftrrieni bf> Date. a.

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^PLACARD/PLATE

RESIDENCY

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