

Office of the City Clerk

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

Legislation Text

File #: O2011-1614, Version: 1

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

77751

An application will not be considered complete unless:

- · All 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 al the time of application;
- " Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted a; ihe 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 80310 you annually Should you	00, Chicago, IL (60680-3100, ATT	ΓN: Disabled Perm	itting Section. A	\$25.00 mainter	nance. ^ fee	will be b	-
i. Daie or dirth мо_	DAY_YEAR <i>Nil</i>	2. State Identificati on		Dnvers License				17
		Number						
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4. Applicant Last Name N	1 \k\0	ОΙ	Ims		First Name A	MUPI F	IoIM	lsl u
5. Home Addrem STREET NUMBER ar y DIR	residence) st	REET NAME				II ZIP Co	ODE MH	-1 $ $ ^T $ $ ^L
·W								
6. Address whns STREET NUMBER W DIR	II be posted s	TREET NAME	J, WARD NUMBER	11	1 <i>Ifh</i>			
7. Phone Numbers Home	"7 1"? 3	T^lldM	Business					
		р						
8. Current Permanent Disa	abled Placard N	umber Registe	ered to			Relat	ionship t	to Appl

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9. Current License Plate Number	Regi stere d to	City Sticker No. (V) Gj0 <z< th=""><th>Relationship to Appl</th></z<>	Relationship to Appl
10. Description of Medical Condition and Dis	•		root nationa *
Alternative. Parking: Please note your applic	-	•	
11. Is there off-street parking available at yo		, , ,	• • •
12. If you answered Yes to question 11, plea	ise describe: _f Pf ^t	Garage: □ Driveway; □ Car Port; □ □	Other:
13.1s your off-street parking accessible? □'re	es; .□ No. Pl	ease explain:	
14. Affirmation: I hereby affirm that the above that the applicant has falsely represented on \$100 but no more than \$500, and the application of Revenue of any changes in the information $XiA^0\Lambda^*$, $Date$ $\pounds'/\Lambda)/\blacksquare$ Signature	e or more of tine ation shall be de n provided.	above conditions, the applicant shall be sul	oject to a fine of not less than-

FOR OFFICE USE^ONLY PLACARD/PLATE

RESIDENCY

□ COMPLETE £.-]0-