



Office of the City Clerk

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

Legislation Text

File #: O2011-1658, Version: 1

APPLICATION FOR DISABLED PARKING SIGNS 74580 PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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 at the time of application;
- Proof of residency, in the form of a copy of your drivers license, state identification, or utility bills are submitted at the 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 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 processing division at 312-744-PARK (7275).

1. Date of Birth 2. State Identification Number MO_ DAY_ YEAR n 3. Drivers License Number

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4. Applicant Last Name H\u\t\k\ i i i i i i i i i i i i MI

First Name til
i\CL\U\fl\£\L\ M M

5. Home Address (primary residence) STREET NUMBER DIR. STREET NAME

6. Address where signs will be posted STREET NUL.WARD NUMBER 4.11/IS.....1 I^A"

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7. Phone Numbers Hon n| 1 Business

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8. Current Permanent DRegistered to

Relationship to Applicant

9. Current License PlateRegistered to

City Sticker No. 30103GI4

Relationship to Appli
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10. Description of Medical Condition and DisabilityH*V£ M^lrjflE S&£KOSi S * UE£* WE- °f *

Alternative Parking: Please note your application may be denied if you have alternative accessible off-street parking options, y'

11. Is there off-street parking available at your primary residence ^YES ☐ NO -/ (i.e., garage, car port, driveway, etc.)? /

12. If you answered Yes to question 11, please describe: "" (^"Garage; ☐ Driveway; ☐ Car Port; ☐ Other: ^

