

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 applicatio Disability must be perman submitted at the time of appleance of application. Proof of residency, in the time of application. Completed application form Revenue facility, or via mail	form of a copy of your drivers licer s may be returned to: the office of at P.O. Box 803100, Chicago, IL ed to you annually. Should you ha	on holding a valid ur valid disabled p nse, state identific f your alderman, a 60680-3100, ATT	, current disabled ver lacard and/or current ation, or utility bills ar any City of Chicago D N: Disabled Permittin	terans plate. t vehicle registration re submitted at the repartment of ng Section. A \$25.00
1. Date of Birth	2. State Identification Number MO_	DAY_	YEAR n 3. Drivers License Number	
			-	
4. Applicant Last Name H\U	ı\t\k\iiiiiiiiiii	MI	1/1^/12 First Name til	oT515161^ 4' \£\L\ MM
5. Home Address (primary resi	idence) STREET NUMBER DIR. STREET	NAME		
6. Address where signs will be	posted street NULWARD NUMBER 4.11	1/IS1	I^A"	
IM. lo 1 til f ITI å				
7. Phone Numbers Horn 1	Business			
\&. 3T / <				
8. Current Permanent DRegiste	ered to			Relationship to Applicant
9. Current License PlateRegiste	ered to	City Sticker No.	30103GI4	Relationship to Appl
10 Description of Madical Cor	ndition and DisabilityH*V£ M^IrjfLE So	Í∎∎ 8CKOS; S * UEC* M	/F- °f*	
•	te your application may be denied it y			arking options, y'
•	available at your primary residence estion 11, please describe: """ (^"Gara	•	.e., garage, car port, dr □ Car Port; □ Oth	,

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13.1s your oft-street parking accessible? (£^fVi^G * & £/W £/C j^G^M^ Hory[£ k,AYJL A □ Yes; ^[No. Please explain: pf^

14. Affirmation: I hereby affirm that 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. Date

Signature jL/

FOR OFFICE USE ONLY

□ FEE □ PLACARD/PLATE □ RESIDENCY □ COMPLETE

* MICHAEL R. HUCK -owe MARGARET A. HUCK

5446 N. MONITOR AVE. ... - CHICAGO, IL 60630-1236 v -.

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Pay to th Ordariof.'

56-55/412 59600 Y^Cj Dollars @

FIRSTMERIT Hanuood Heights Office uovwfirstmerit.com http://uovwfirstmerit.com

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MAROON SHEFFIELD

Jesse White-Secretary of State

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MICHAEL R HUCK 5446 N MONITOR-CHICAGO IL 60630

Birthdate 05-2M4 Mate 510" 170 lbs GRN Eyes Restrictions Type Class * ORG D