



Office of the City Clerk

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

Legislation Text

File #: O2011-1696, Version: 1

APPLKJAMUN hUH DISABLED KAttMNU OIVaINO PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

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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).

Date of Birth

3

2. State Identification Number

L1

3. Drivers License Number

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4. Applicant Last Name

INT^IT2.|*HI | | | | |

First Name

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5. Home Address (primary residence)

STREET NUMBER | CMR | STREET NAME

A i l o l [M 171/9k In I/) W\

ZIP CODE b\o |6ijn^{ef}

6 Address where signs will be posted

STREET NUMBER | DIH J | STREET NAME

MiUol \fi\ TMK |rrN/q|N| | |

WARD NUMBER

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7. Phone Numbers Home

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8. Current Permanent Disabled Placard Number

Registered to

Relationship to Applicant

9. Current License Plate Number

Registered to

6. elev-ty

City Slicker No.

Relationship to Applicant

10 Description of Medical Condition and Disability

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ay be denied if you have alternative accessible off-street parking options. /

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

☐ yes 5Jn

ii. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)?

12 If you answered Yes to question ii, please describe:

☐ Garage; ☐ Driveway; ☐ Car Port; ☐ Other

13. Is your off-street parking accessible? ☐ Yes; ☐ No. Please explain:

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.

Signature

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FOR OFFICE USE ONLY

☐ FEE

☐ PLACARD/PLATE ☐ RESIDENCY

☐ COMPLETE

Isabod Parking Application Payment Stub

Please make check or money order payable to the City of Chicago or

when paying with a credit card, please fill in the following information.

HIS PAYMENT WILL BE PROCESSED IF NOT SIGNED

and to, [

Exp. ^ <> . Date l*-l "l

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1 signing next I agree to the terms and conditions of this notice

PLEASE

• 00 HOT tend out

• 00 NOT fold the gjmtr itub(j)

• 00 HOI staple line check a monct a pt(Tintni ijuoli)

TOTAL AMOUNT DUE

70.00

PAYMENT AMOUNT ENCLOSED

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