



# APPLICATION FOR DISABLED PARKING SIGNS

**NOTE: All sections must be completed.**

1. Date of Birth MO    DAY    YEAR			2. Drivers License or State ID Number		
3. Applicant Last Name				MI	First Name
4. Home Address (primary residence) STREET NUMBER    DIR.    STREET NAME    ZIP CODE					
5. Do you rent or own? <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER    WARD NUMBER					
6. Phone Numbers    Home / Cell					
7. Current Permanent Disabled Placard Number		Registered to		Relationship to Applicant	
8. License Plate Number		Registered to		Relationship to Applicant	
9. Does the registered owner of the vehicle reside at the address of the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO					
10. Is there off-street parking available at your primary residence? <input type="checkbox"/> YES <input type="checkbox"/> NO				11. Types <input type="checkbox"/> Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Other	
12. If alternative parking is available, why are you unable to access the space?					
13. Is this a permanent disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Note: Permit is only available for permanent disability</b>					
14. Do you use assisted devices? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, what type do you use?					
15. Are you able to walk 200ft? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Affirmation: Under penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I hereby certify and attest that the statements set forth in this document are true and correct. I acknowledge that, pursuant to Section 1-21-010 of the Municipal Code of Chicago, persons who make material false statements on this application may be fined not less than \$500 and not more than \$1,000, plus three times the city's damages, litigation costs, collection costs and attorney's fees. I acknowledge that providing false information on this application or omitting material information from this application may result in denial of the application. I also understand that it is my responsibility to immediately notify the Department of Finance of any changes in the information provided or I may be subject to a penalty of not less than \$100 and not more than \$500, under Section 9-64-050 (f) of the Municipal Code of Chicago.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

FEE     PLACARD/PLATE     RESIDENCY     COMPLETE

### Disabled Parking Application Payment Stub

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

### Be sure to submit the following:

- A complete application for Disabled Parking Signs. All sections must be completed.
- A copy of a valid permanent disabled plate or placard issued by the Secretary of State to the applicant at the address where the signs are to be posted.
- Proof of residency for the address where the signs are to be posted (i.e., Driver's License or State ID).
- A \$70.00 application fee by check or money order made payable to the City of Chicago.

Mail completed application to:  
P.O. Box 803100  
Chicago, IL 60680-3100  
ATTN: Disabled Permit Section

## TOTAL AMOUNT DUE

**\$ 70.00**

TO ENSURE PROPER CREDIT PLEASE RETURN THIS STUB WITH YOUR PAYMENT

### PLEASE:

- **DO NOT** send cash
- **DO NOT** send credit card information
- **DO NOT** staple the check or money order to the payment stub(s)
- **DO NOT** fold the payment stub(s)