



DISABLED PARKING SIGN UPDATE FORM

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE FORM

The Department of Finance is requiring applicants to update their information and recertify their eligibility for disabled signs (current placard and/or current disabled plate and proof of residency). Please complete and return this form and eligibility documentation within ten (10) days. The completed Disabled Parking Sign Update Form may be returned to:

The City of Chicago Department of Finance
 P.O. Box 803100
 ATTN: Disabled Permitting Section
 Chicago, IL 60680-3100
 Phone: 312.744.7275

1. Disabled Permit Number		2. Do you no longer require the disabled signs and want them removed? <input type="checkbox"/> Yes, remove the signs (please skip all lines and sign the certification). <input type="checkbox"/> No, I want to retain the signs. I will certify my eligibility under oath and will complete the entire form.	
3. Date of Birth MO ____ DAY ____ YEAR ____		4A. State Identification Number ____	4B. Drivers License Number ____
5. Applicant Last Name ____		MI ____	First Name ____
6. Home Address (primary residence) STREET NUMBER DIR. STREET NAME ____		Zip Code ____	Ward Number ____
7. Address where signs are located STREET NUMBER DIR. STREET NAME ____		Zip Code ____	Ward Number ____
8. Phone Numbers Home ____		Business ____	
9. Current Disabled Placard Numbers ____	Registered to ____	Realtionship to Applicant ____	
10. Current License Plate Numbers ____	Registered to ____	Realtionship to Applicant ____	
11. Description of Medical Condition and Disability ____		<input type="checkbox"/> Temporary; or <input type="checkbox"/> Permanent Disability	
12. Is there off-street parking available at your primary residence (i.e., garage, car port, driveway, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. If you answered Yes to question 12, please describe: <input type="checkbox"/> Garage; <input type="checkbox"/> Driveway; <input type="checkbox"/> Car Port; <input type="checkbox"/> Other:			
14. Is your off-street parking accessible? <input type="checkbox"/> Yes; <input type="checkbox"/> No; Please explain:			

AFFIRMATION: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Finance 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 Finance of any changes in the information provided.

Signature _____ Date _____



DISABLED PARKING PERMIT RENEWAL APPLICATION

1. Disabled Permit Number		2. Do you no longer require the disabled signs and want them removed? <input type="checkbox"/> Yes, remove the signs (please skip all lines and sign the certification). <input type="checkbox"/> No, I want to retain the signs. I will certify my eligibility under oath and will complete the entire form.	
3. Date of Birth MO DAY YEAR		4A. State Identification Number	4B. Drivers License Number
5. Applicant Last Name		MI	First Name
6. Home Address (primary residence) STREET NUMBER DIR. STREET NAME		Zip Code	Ward Number
7. Address where signs are located STREET NUMBER DIR. STREET NAME		Zip Code	Ward Number
8. Phone Numbers Home		Business	
9. Current Disabled Placard Numbers	Registered to	Relationship to Applicant	
10. Current License Plate Numbers	Registered to	Relationship to Applicant	



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Affirmation: I hereby affirm that the above information is true and correct. If the City of Chicago Department of Finance 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 Finance of any changes in the information provided.

Signature _____ Date _____

Make checks or money orders in the amount of \$25.00 payable to the City of Chicago

Do Not Send Cash - Acceptable Payment Methods: Check or Money Order

You must provide the following with your renewal application:

1. Copy of current placard or current disabled plate registration issued by the Illinois Secretary of State
2. Proof of residency (copy of current state identification or driver's license)
3. \$25 renewal fee

The documents should be included with your completed and signed renewal form. Mail to Department of Finance Permit Parking Division, P. O. Box 803100, Chicago, IL 60680-3100, ATTN: Disabled Permitting Section. If you have any questions, contact customer service at (312) 744-7275.

También disponible en español en cityofchicago.org/finance o llamar a (312) 744-7275.



Alternative Accessible Parking - Verification of Ownership

If you are not the owner of the Alternative Accessible Parking (garage, driveway, carport), please have the building owner or landlord complete this form and have it notarized. Return this form along with your appeal letter within 10 days of the date of this notice to the Mayor's Office for People with Disabilities, 121 N. LaSalle, Room 104, Chicago, IL 60602. Should you have any questions, please contact MOPD at (312) 744-7051.

Name of Landlord/Building Owner _____

Address _____

I verify that I am the landlord or building owner where the Alternative Accessible Parking (garage, driveway, carport) is located and that _____ (**Applicant's Name**) is not permitted to use the space located at the above address as an alternative to street parking due to the following reason(s):

(Check one or all that applies)

- I use it for my own personal use.
- I rent the space to someone else.
- The garage is not usable and in need of repair.
- There is no garage.
- Other: _____

I can be contacted at (Phone Number) _____

I hereby affirm that the above information is accurate. If either the Department of Finance or the Mayor's Office for People with Disabilities determines that the applicant has falsely represented one or more of the above statements, the application shall be denied.

Signature of Building Owner/ Landlord

Date

Notary Name: _____

Notary Signature: _____

Date: _____

For office use only: Permit Number _____ Month of appeal: _____



DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER _____
(Please print or type)

NAME OF DISABLED INDIVIDUAL: _____

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) _____ (PHONE NUMBER) _____

REASON FOR REMOVAL: _____

ILLINOIS VEHICLE LICENSE NUMBER: _____
(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER: _____
(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF

MY KNOWLEDGE: _____
(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION: _____
(Aldermanic Signature)

(Ward) (Date)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES BY THE ALDERMAN. AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED.

The City of Chicago – Department of Revenue
P.O. Box 803100
ATTN: Disabled Permitting Section
Chicago, IL. 60680-3100
Phone: 312.744.PARK (7275)

Revised: 4/24/2019