



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

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 completed renewal form, requested documents, and the \$25.00 fee can be paid in-person at City Hall, 121 N LaSalle, Room 107, or sent by mail to:
 P.O. Box 803100
 Chicago, IL 60680-3100
 ATTN: Disabled Permit Section