



**Town of Cicero**  
**Office of the Town Collector**  
4949 W. Cermak Road  
Cicero, IL 60804  
708-656-3600 ext. 811, 285  
[www.thetownofcicero.com](http://www.thetownofcicero.com)

**Handicapped/Disabled RESERVED Permit Parking Program**

**APPLICATION PACKET**

**Fran Reitz**  
*Town Collector*

Dear Cicero Resident:

This application packet is in reference to the Town of Cicero's *Handicapped/Disabled RESERVED PERMIT Parking Program*. Please read the enclosed information regarding the Reserved Permit Parking Program and return the application and all attachments to the following:

Office of the Town Collector  
ATTN: **Handicapped Parking Program Division**  
TOWN OF CICERO  
4949 W. Cermak Road  
Cicero, IL 60804

Once your application is submitted and received in full, by this office, you will be contacted with the status within (10) days business days of receipt of a completed application. Town Hall business hours are 8 a.m. until 8 p.m. Monday through Thursday, closed Fridays and weekends.

If you have any questions regarding this program or the application process, please contact the Handicapped Parking Program Coordinator **Lori Santana at 708-656-3600 ext. 811.**

On behalf of Town President Larry Dominick and the Cicero Town Board of Trustees, we thank you for residing in the Town of Cicero and we are happy to help and serve you!

Sincerely yours,

**Fran Reitz**  
*Town Collector*  
[freitz@thetownofcicero.com](mailto:freitz@thetownofcicero.com)  
708-656-3600 ext. 274 or 298





LARRY DOMINICK  
Town President

**TOWN OF CICERO**  
4949 WEST CERMAK • CICERO, ILLINOIS 60804  
708.656.3600 • FAX 708.656.5801

## HANDICAPPED PARKING PROGRAM

### Announces the NEW “Reserved Permit Parking Only” division

Dear Cicero Resident:

On behalf of Town President Larry Dominick and the Board of Trustees, we are happy to announce the Town’s *new* Handicapped Parking Program available to our disabled residents.

Our records in the Collector’s Office indicate you currently have a 20-foot Handicapped Parking Space in front of your residence. My office would like to inform you the Town has amended the ordinance and is now making available to you an opportunity to apply for a “**RESERVED PERMIT PARKING ONLY**” parking space.

Under this new program, parking will be restricted to only the disabled *Permit Parking Sticker* holder. Like other communities, there is a fee for this designated parking space.

If you are interested, please complete and return the attached application and fee.

If you are eligible, upon approval and payment for the *Reserved Permit Parking Only* sign and disabled *Permit Parking Sticker*, Public Works will replace your existing sign with a new sign designating your disabled permit parking number and your 20-foot curb will be painted blue. Only you as the disabled applicant will be legally allowed to park in this reserved space when displaying your disabled *Permit Parking Sticker* in your vehicle on your dashboard. The permit number on your new sign will be the *same* number as your sticker issued by my office.

If you have any questions please feel free to contact me directly or call the Handicapped Program Coordinator, Lori Santana at ext. 811.

Sincerely yours,

**Fran Reitz**  
*Town Collector*  
TOWN OF CICERO  
freitz@thetownofcicero.com  
708-656-3600 ext. 298 or 274





# Office of the Town Collector

## *Handicapped Parking Program Division*

708-656-3600 ext. 811, 274, 285, 298

### **Handicapped Parking Program**

## **RESERVED PERMIT PARKING**

### **Requirements and Conditions:**

Disabled individuals who apply for Reserved Permit Parking signs must meet the following conditions to qualify for a restricted parking space:

- The applicant must reside on a residential street or in a residential area
- The applicant must have either a current disabled Illinois license plate or a disabled permanent placard issued by the Illinois Secretary of State
- The applicant must reside at the location for which the sign is being requested
- The applicant may not have access to off-street parking
- The number of restricted Reserved Permit Parking spaces and Handicapped parking spaces must not exceed the maximum allowed on a residential street

### **Fees:**

Sign installation and maintenance costs must be paid by the applicant:

- The annual application and installation fee is \$120
- The disabled Reserved Parking Permit expires every June 30<sup>th</sup> and applicants must re-apply by paying a \$50 renewal fee. Upon payment of the renewal fee and if all information on original application is current, a new disabled Reserved Parking Permit will be issued expiring on June 30<sup>th</sup> the following year.

### **Procedures:**

- Once a completed application is received the Handicapped Parking Program division will process the application as required in Chapter 94, Article VIII of the Code of Ordinances in the Town of Cicero regarding the Handicapped Parking Program
- If the request is approved, the sign will be installed by the Public Works Department designating the disabled permit parking number on the sign as to highlight the restricted nature of the spot and a 20 foot curb will be painted blue adjacent to the residence
- After approval, a disabled Permit Parking Sticker will be issued corresponding to the permit number on the sign. All permits expire on June 30<sup>th</sup> of each year and must be renewed upon the submission of a renewal application and a \$50 renewal fee

Please return completed APPLICATION and all documents listed below (and fee when approved) to the Office of the Town Collector, Handicapped Parking Program Division Town of Cicero 4949 W. Cermak Road Cicero, IL 60804. Town Hall Office hours are Monday through Thursday 8 AM to 8 PM

**Checklist to apply to the “Disabled RESERVED Permit Parking Program” you are required to submit the following:**

( ) 1. A copy of Handicapped Placard (PERMANENT ONLY)

Examples:



( ) 2. A copy of your valid IL Driver’s License with a Cicero address or valid IL ID for non-driver

( ) 3. A copy of your current Illinois Vehicle Registration form with a Cicero address

( ) 4. If you are not the homeowner, a WRITTEN NOTARIZED LETTER from the landlord is required, giving permission to place the handicapped sign at the residence.

( ) 5. Required fee \$120 first time fee (may be prorated) or \$50 renewal fee

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This section for OFFICE USE ONLY:





# TOWN OF CICERO

4949 WEST CERMAK • CICERO, ILLINOIS 60804

708.656.3600 • FAX 708.656.5801

LARRY DOMINICK \_\_\_\_\_

Town President

## APPLICATION FOR DISABLED RESERVED PERMIT PARKING

**All sections must be completed:**

Date of Birth \_\_\_/\_\_\_/\_\_\_ Driver's License or State ID number \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ MI \_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Cicero, IL

Do you Own or Rent? ( ) Own ( ) Rent Are you the legal owner if own \_\_\_\_\_

Phone Number \_\_\_\_\_ home # \_\_\_\_\_ Cell Number \_\_\_\_\_

Current Permanent Disabled Placard Number \_\_\_\_\_

Placard Registered to \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

License Plate # or Handicapped License Plate # \_\_\_\_\_

Does the registered owner of the vehicle reside at the address of the applicant ( ) yes ( ) no

Is there off-street parking available at your primary residence ( ) yes ( ) no If yes please

describe type \_\_\_\_\_

Is this a permanent disability ( ) yes ( ) no PERMIT is only available for Permanent Disability

Also required is a copy of a valid permanent disabled placard or registration of the handicapped license plate, proof of residency (driver's license or state ID) Payment in the amount of \$120 payable to the Town of Cicero.

All Cicero disabled reserved parking permits expire on June 30<sup>th</sup> each year and applicants must re-apply by paying a \$50 renewal fee and will be issued a new Disabled Parking Permit # for the following year.

*I hereby certify and attest that the statements set forth in this document are true and correct I acknowledge that providing false information on this application or omitting material information from this application may result in denial of application. I also understand that it is my responsibility to immediately notify the Town of Cicero Collector's Office of any changes in the information provided.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date