.^03-06-11;04:44PM; ; 7734343689 \* <sup>2/2</sup> T-815 ?■ 002/002 f=-40t



Gty of Chicago Richard ML Dale-y, Mayor Department of Rertnoe Be\* Reyna-Hickey Director atytiaD,RoooiI07A 121 North LtStlle Street Chiaujo.IUinoti 6M02-I288 (312) 747-4747 (IRIS) (312) 744-0471 (FAX) (312) 744-2975 (TTY) hlrp://www.dtyofchiago.org



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 sijpn location address) CHICAGO, ILLINOIS (ZD? CODE) (j>06>2J\ (PHONE NUMBER) 173SI7-"///f^ REASON FOR REMOVAL: PrWrto^ flrungV Klgf lw<ry i''n Vits faarktJ-\* (Drtmstd, ILLINOIS VEHICLE LICENSE NUMBER: AJ/A\_\_\_\_

ILLINOIS DISABLED PLACARD NUMBER

(Secretary of State Disable Placard) CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF BY KNOWLEDGE: Mdhwh

critic A/AcDdAJ/mo (Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN

**APPLICANT: DO NOT WRTTE BELOW THIS LINE** 

ALDERMANIC CERTIFICATION

(Aldcnnanic Signature)

lb

fWani)

(Dafc)

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