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ILLINOIS DISABLED PLACARD NUMBER:

CERTIFICATION: THE ABOVE INFORMATION IS BEST OF MY KNOWLEDGE
(Secretary of State Disable Placard) INFORMATION IS CORRECT TO'

Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN
APPLICANT: 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