

Patrick D. Thompson Alderman, 11th Ward

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER ill 57
(Please print or type)

NAME OF DISABLED INDIVIDUAL: M fchaxJ Mc fc^-fO^

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

t-kfo q3 <4q*A pi

(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) LoLo^ (PHONE NUMBER) _____ :

REASON FOR REMOVAL: /Vt<9Vg_ c^uCjc^ _____ :

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: \<tiMXJJ. ! L/Q^vf^
(Aldermanic Signature)

(Wurd) (Date)

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

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

Revised: 4/24/2019