

Alderman, 11th Ward

**DISABLED PERMIT PARKING REMOVAL
APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER (OI /.

(Please print or lype)

NAME OF DISABLED INDIVIDUAL: .Soex/i - M*:<fcfv

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

sm S

(Please print or type current'sign location address)

CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER)

REASON FOR REMOVAL: ^A&Ud <gk3?oy

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.

ALDERMANIC CERTIFICATION:

DO NOT WRITE BELOW THIS LINE

(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.

The City of Chicago - Department of Revenue P.O. Box 803100
ATTN: Disabled Permitting, Section Chicago, IL. 60680-3100
Phone: 3.12.744.PARK (7275)

Revised: 4/24/2019