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ijrHslWoomlO? l'Nochlhl*3alb'Slmt icsgo.Illlnol) 60602
12) 747-4747 (IRIS) 12)74^-0471 (FAX) 12),74M975 (TTY)
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DISABLED PERMIT PARKING REMOVAL APPLICATION

NUMBER: *ll d^ ^.*

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT

(Please print or type.)

NAME OF DISABLED INDIVIDUAL:

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

.C. /Wen

"" (Plcese print or type cunent sign location address.)

CHICAGO, ILLINOIS: ZIP CODE). PHONE NUMBER)

REASOR FOR REMOVAL; /t{n <J t> rJ?

ILLINOIS VEHICLE LICENSE NUMBER:.

ILLINOIS DISABLED PLACARD NUMBER:.,

(Secretary of State)

CERTIFICATION: THE ABOVE INFORMATION IS

CORRECT TO THE

BEST OF MY KNOWLEDGE:

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN; APPLICANT: DO NOT WRITE BELOW TjJJSJUN^E

ALDERMANIC CERTIFICATION

(Alderman Signature)

Jt-

(Ward)

AFTER APPROVAL; THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN. AT,THE TIME THE DISABLED SIGNS REMOVAL ORDINANCE 15 INTRODUCED