

Dear ALDERMAN DOWELL:

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The Department of Finan'G&rejc^ described below.
The application has been reviewed and a survey of the location has been conducted/Since the v'
applicant has met the requirements outlined in the Municipal Code, the signs will be installed.

Provided is: the name and address of the applicant, the exact location and the permit number assigned. Please introduce an ordinance to post residential disabled parking signs at the location recommended, if one has not yet been introduced.

Applicant's Name: FRANK WILLIS ^ s .

Applicant's Address: 4239 S STATE ST ,, Address/Location of Signs: 4239 S STATE ST

Permit Number: 126169 .« , .:"

Work Order Number: H21-1454

: If the proposed ordinance is not passed within four months after its introduction, the permit shall be -
revoked and the restricted parking signs removed. Should you have any questions or require
additional information, please contact our office at (312) 747-0114. { " r ,,

Very truly yours, .; _ .-t^ ■• -,,r'x • - y zC-'

Anthony Gambino Director of
Administration II

Enclosure: Disabled Signs Application