

Owner/Contact Person:

&av. Da. d Te&. &usoti

Address onslallation: (if
different)

Chicago, IL

Loading Hours.

Loading Days:

Reason for Request:

Billing Information

Federal Employee LD: Or

Social Security Number:

Corporation Name if DBA:

Address (if different):

Please be aware that your request must be submitted in the Chicago City Council and approved by the Department of Transportation and the Committee on Traffic and Safety. Upon approval you will receive a bill according to your request.

\$70.00 per sign and 25 feet of space.

\$7.00 per feet if you request additional feet (only if space is available to you). \$100.00 if parking meters need to be removed.