



**ROBERTO MALDONADO Alderman,**  
**26<sup>th</sup> Ward**

**DISABLED PERMIT SIGN REMOVAL  
APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT N. W. 3ER \*z3d 7 VcP^

(Please print or type)

NAME OF DISABLED INDIVIDUAL:

(Please print or type current address CHICAGO, ILLINOIS (ZIP CODE) REASON FOR REMOVAL:

sign location address) (PHONE NUMBER),

ILLINOIS VEHICLE LICENSE NUMBER:  
R:

ILLINOIS DISABLED PLACARD

(Secretary of State Disabled Placard) CERTIFICATION: THE ABOVE

INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:  
IS LINE

(Signature of Applicant) FORWARD THIS COMPLETED

APPLICATION TO YOUR ALDERMAN APPLICANT: DO NOT WRITE BELOW

ALDERMANIC CERTIFICATION

(Aldermanic Signature)

TO BE FORWARDED TO : sf, AT THE TIME THE IS INTRODUCED  
AFTER APPROVAL, THIS APPLICATION: COUNCIL SERVICES, BY THE ALDEPJV DISABLED SIGN  
REMOVAL ORDINANCE

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