



(Please print or type.) NAME OF DISABLED

INDIVIDUAL: REMOVAL LOCATION OF DISABLED PARKING SPACE

REQUESTED:

£ rZLJef

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER)

REASON FOR REMOVAL: TOiWiW^ -fT> ^r^CUOo J

ILLINOIS VEHICLE LICENSE NUMBER: " £ [JL f (W o'r V plate) .

ILLINOIS DISABLED PLACARD NUMBER: (Secretary of State)' ,0>w.,;:i(

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE: s M(Ltov. jlpj^ s J^oa U^> (Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION: (Alderman Signature)

(Ward)

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