

**TONI L. FOULKES Alderman, 15th
Ward**

**DISABLED PERMIT PARKING
REMOVAL APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT
NUMBER:

(Please print or type.)

NAME OF DISABLED INDIVIDUAL

Dhf)tFS S/hOdeZS

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE)_ PHONE NUMBER)

REASON FOR REMOVAL:

ILLINOIS VEHICLE LICENSE NUMBER:

(W or V plate)

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 THIS LINE

ALDERMANIC CERTIFICATION  *A//s*

^ (Alderman Signature).

(Ward)

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

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