



Bea Reyna-Hickey Director

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<<http://www.ci.chi.il.us>>

311 LD PARKING

— (Please print or type.)

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

(Please print or type.)

NAME OF DISABLED INDIVIDUAL:

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:

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

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