

CODE) <%3 (PHONE DUMBER)

A"

NAME AND ADDRESS OF PERSON' CURRENTLY BEING BILLED FOR ANNUAL SIGN
MAINTENANCE FEE:

(Please provide information only if billing information differs.) ILLINOIS
VEHICLE LICENSE NUMBER:___(w or V plates)

ILLINOIS HANDICAPPED PLACARD NUMBER:

.(Secretary of Sea Handicap Placard

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

(Signature of applicant) jFORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE.

ALDERMANIC CERTIFICATION:

(Ward)

Jate)

■_R APPROVAL. THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES. ALDERMAN, AT THE TIME THE
HANDICAP SIGN REMOVAL ORDINANCE IS INTROD