



**DEBRA L. SILVERSTEIN  
Alderman, 50th Ward**

Dec-M-2000 11:26am From-CITY OF CHICAGO DEPT OF REVENUE

City of Chicago Richard M. Daley, Mayor

Department of Revenue

Hugh P. Murphy Piroinr

City Room 1121 North La Salle Street Chicago, Illinois 60602 pi 21 7-14-6 Mfi (3121744-0471 |FAX> |j|2i?-140;V5 ITTYI  
http://unh.cn.ni.il ih

**DISABLED PERMIT PARKING  
REMOVAL APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER 7982/

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: IS/f/WS SW&B/Q

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP

CODE > A06£? (PHONE NUMBER) 2

REASON FOR REMOVAL: Mff\i=iZ> ■

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 DISABLED PLACARD NUMBER:

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATIONS CORRECT

TO THE

BEST OF MY KNOWLEDGE:

(Affirmative Signature)

(Signature of Applicant) FORWARD THIS COMPLETED

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

ALDERMANIC CERTIFICATION:\*

**JS&.**

(Ward)

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