



REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

(Please print or type current sign location address) CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER)

REASON FOR REMOVAL: *Jbd rs*

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER: *D PJ f &*

(Secretary of State Disabled Placard) 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

(Aldermanic Signature)

*Jb.*

(Ward)

*1*

(Date

)

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