



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 Disable 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 Signature)

ALDERMANIC CERTIFICATION

(Ward) (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