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## DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT  
NUMBER

(Please print or type)

NAME OF DISABLED INDIVIDUAL: j)o^Q-r^ S'

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

**K).**

(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) (PHONE NUMBER)

REASON TO REMOVE: fen C-N -t-" - Vv-r c\*J+Jl-

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State Disable Placard)

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

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION

TO YOUR ALDERMAN APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION

Signature)

(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