

355Q Lo 'Su^v-viRfctg_____

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

NUMBER) _____ REASON FOR REMOVAL: \YK5Yg-C(_____

ILLINOIS VEHICLE LICENSE NUMBER: \fij -<2^D^i G>7^Q . _

(W or name)

ILLINOIS DISABLED PLACARD NUMBER: IpU

(Secretary of State)

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:

(Alderman Signature)

(Ward)

(Date)

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