

GEORGE A. CARDENAS
Alderman, 12th Ward

City of Chicago Richard M. Daley, Mayor

Department of Revenue

Bea Rynn-Ilickey Director

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<<http://www.cityofchicago.org>>

**DISABLED PERMIT PARKING REMOVAL
APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER

(Please print or type)

NAME OF DISABLED INDIVIDUAL: _____

REMOVAL LOCATION OF DISABLED 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 Placate!)

J. A. J/Aj-

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CERTIFICATION: THE ABOVE INFORMATION IS ^ORRECT TO THE BEST OF BY KNOWLEDGE:

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

ALDERMANIC CERTIFICATION

(Al derm A n i c. S i g n a t u r e)

(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