

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL. REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER 7*/V/^/-

(Please print o/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's Office)

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

*t|*tj** Is*

(Aldermanic 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