

Zhy of Chicago Richard M. Oatej, Major

Department of Ilmnue

Hhgli P. Murphy Director

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(Jlil ?44-2!>?.i (TTY)

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR

DISABLED PERMIT NUMBER

(Please print or type.)

NAME OF DISABLED INDIVIDUAL*. f\A \ Y Q -S L A V \ \ IA QI[A/S K < REMOVAL LOCATION OF
DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZTP CODE Jj?0(\$'^\ (PHONE NUMBER)

REASON FOR REMOVAL: KI\f)\i PIO

NAME AND ADDRESS OF PERSON CURRENTLY BEING
BILLED FOR ANNUAL SIGN MAINTENANCE FEE:

(Please provide Information only if billing Information difTers.) ILLINOIS VEHICLE LICENSE NUMBER,.

ILLINOIS DISABLED PLACARD NUMBER,-.

(Seofetary of State Disabled Placard) CERTIFICATION:

THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE: S>^ ^ C ^-^ / S Ic^V^j C o> H« |^N f\

(Signature of Applicant) "f^(^4\ ^Vp^ Wf;

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

ALDERMANIC CERTIFICATION

APPLICANT: DO NOT WRITE BELOW pjlS LINE /] r\

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(Ward) (Dale)

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