



Office of the City Clerk

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Legislation Text

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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?) Pt/fryfx* CbT J^O

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

Z&Z3 s. /Z0//H

(Please print or type current sign location address.) (J~j/J CHICAGO, ILLINOIS (ZD? CODE). (PHONE NUMBER). 376- WS?-

REASON FOR REMOVAL:

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

(Please provide information only if billing information differs.) ILLINOIS VEHICLE LICENSE NUMBER: (W or V plates)

ILLINOIS DISABLED PLACARD NUMBER

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE: X/^^^/i^^^^^^^

' (Signature^f Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

{/ (AJdermamc Signature)

(Ward)

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