

Applicant / Bill Jenkins

City of Chicago Richard M. Daley, Mayor

Department of Revenue

Bea Reyna-Hickey Director

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**DISABLED PERMIT PARKING
REMOVAL APPLICATION**

(Please print or type.)

hit'I Sjdjk/tJs

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED

PERMIT NUMBER:

7b&> U) 4^ ST

NAME OF DISABLED INDIVIDUAL: REMOVAL LOCATION OF DISABLED PARKING SPACE

REQUESTED:

(Please print or type current sign location address.)

(PHONE NUMBER)

REASON FOR REMOVAL:

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER:

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE:

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

ALDERMANIC CERTIFICATION:

(Alderman Signature)

(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