

Applicant / Jesus E. Cordero

Dbc-M-2000 11:26am From-CITY OF CHICAGO DEPT OF REVENUE

City of Chicago's Richard M. Daley, Mayor

Department of Finance

Heather P. Murphy Director

(Uy IWI. Roin 107 121 North LaSalle Street Chicago, Illinois 60601-1616 (1121744-0471 (FAX) 773-744-1414 (TTY) 773-744-1414
Utp://u.ww.ci.cn.il <http://ci.cn.il> <i

(Please print or type.) NAME OF DISABLED

INDIVIDUAL: J<f>14J> £ /v REMOVAL LOCATION OF DISABLED PARKING SPACE

REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE ^

606^ (PHONE NUMBER) 7 7j - '6^^

REASON FOR REMOVAL: tfv\|e ps idi^JL.

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE: *jt*

(Please provide Information only if billing information differs.)

ILLINOIS VEHICLE LICENSE NUMBER: *^^f^*

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER! *CF If 01\$*

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY VMnurr nnr.c

- ^-f^Z-^-^^

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LI

(Ward)

ALDERMANIC CERTIFICATION:

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