

APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT
NUMBER
ON OF DISABLED PARKING SPACE REQUESTED

(Please print or type)

NAME OF DISABLED INDIVIDUAL 7^ ^5\k\$^C>

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) Lrf^j[f^(PHONE NUMBER).

REASON FOR REMOVAL-^Vn J^^) Ojjfjp

ILLINOIS VEHICLE LICENSE NUMBER:

CERTIFICATION: THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Secretary of State Disabled Placard) RMAfrION IS CORRECT TO THE
(Signature of Applicant)

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

BELOW THIS LINE
(Aldermanic Signature)

ALDERMANIC CERTIFICATION

(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