

## Legislation Details (With Text)

File #:	O20	11-1999			
Туре:	Ordi	nance	Status:	Passed	
File created:	3/9/2	2011	In control:	City Council	
			Final action:	5/4/2011	
Title:	Handicapped Parking Permit No. 77479				
Sponsors:	Harris, Michelle A.				
oponooror					
Indexes:		dicapped			
•	Han	dicapped 2011-1999.pdf			
Indexes:	Han		Act	ion	Result
Indexes: Attachments:	Han 1. O	2011-1999.pdf		ion ssed	<b>Result</b> Pass
Indexes: Attachments: Date	Han 1. O Ver.	2011-1999.pdf Action By	Pa		

## **DISABLED PERMIT PARKING**

## REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER.

(Please print'or type.) NAME OF DISABLED INDIVIDUAL: /1A\W\ S ^- Gf- 6)1/W/V REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

## S'dOK vS- Clycl& flvfnue

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE). (PHONE NUMBER), *REASON FOR BKMOVAL: f)eC&(X^J\_* 

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:\_

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

(AJdermanic Signature)

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