



**Applicant / Tina Giordano**

Dec-M-2000 11:28am From-CITY OF CHICAGO DEPT OF REVENUE

# DISABLED PERMIT PARKING

## REMOVAL APPLICATION

City of Chicago Richard M. Daley, Mayor

Department of Finance

Hugh P. Murphy Director

City of Chicago, 121 North La Salle Street Chicago, Illinois 60602 PI27-U-16 (112174-1-0471 (FAX) 312-75 ITTY)

lit(p://www.ci.chi.il.gov)

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

(Please print or type.) NAME OF DISABLED

INDIVIDUAL: If/He/She/It

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location)

(location address.)

CHICAGO, ILLINOIS (ZIP CODE).

(PHONE NUMBER).

REASON FOR REMOVAL: iP^O^C^ ;

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE:

# we-1

(Please provide information only if billing information ditTep^) ILLINOIS VEHICLE LICENSE NUMBER:  
ILLINOIS

(W or V plntes)

S DISABLED PLACARD NUMBER

(Secretary of State Disabled Placard)

TION IS CORRECT TO THE

CERTIFICATION: THE ABOVE BEST OF MY KNOWLEDGE:  
(Ward)

(Signature of Applicant) ^ FORWARD THIS COMPLETED

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

ALDERMANIC CERTIFICATION:

## NEIGHBORHOODS

IV BO .

mi r,myo. nn.\<i\j ruot'riit'n

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