

**oANN THOMPSON
Alderman, 16th Ward**

04/29/2014 TUE 16:41 FAX
'09/2b)2012 A

**DISABLED PERMIT PARKING
REMOVAL APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER C>

(Please print or type)

NAME OF DISABLED rNDIVIDUAL:

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) CXXJX\ (PHONE NUMBER)

REASON FOR REMOVAL; Ht*^ ^t^)^fA^ ^lf>r\f*^-^

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMB BR;,

(Secretary of State Disable 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

(Aldermanic Signature)

(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