

APPLICATION

JfM.

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
(Please

EXCEPT FOR DISABLED PERMIT NUMBER
srint or type)

NAME OF DISABLED INDIVIDUAL: f0\OOfy

REMOVAL LOCATION OF DISABLED BARKING SPACE REQUESTED (Please print or type current sign
location address)

CHICAGO, ILLINOIS (ZIP CODE) (pQ^tfu (PHONE NUMBER)

REASON FOR REMOVAL: \AxPCWT^T V\ftlW^

ILLINOIS VEHICLE LICENSE NUMBER: ..

ILLINOIS DISABLED PLACARD NUMBER:

i (Secretary of State Disable Placard)

CERTIFICATION: THE ABOVE

INFORMATION IS CORRECT TO THE

BEST OF BY KNOWLEDGE: '

(Signature of Applicant) FORWARD

THIS COMPLETED APPLICATION TO YOUR ALDERMAN APPLICANT: DO

NOT WRITE BELOW THIS LINE

Idermanic Signature)

ALDERMANIC CERTIFICATION
(Date)

1"

(WWd)

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