



Ward

**DISABLED PERMIT PARKING  
REMOVAL APPLICATION**

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT  
NUMBER:

(Please print or type.)

NAME OF DISABLED INDIVIDUAL

*Dhf)tFS S/hOdeZS*

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.)

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

REASON FOR REMOVAL:

ILLINOIS VEHICLE LICENSE NUMBER:

(W or V plate)

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State) CERTIFICATION: THE ABOVE

rNpQRMATIONJS CORRECI TO THE BEST OF MY KNOWLEDGE:

(Signature of Applicant)

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

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ALDERMANIC CERTIFICATION^ .^^-^C^^ A/// s

^ ' (Alderman Signature).

(Ward)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN, AT

THE TIME THE DISABLED SIGNS REMOVAL ORDINANCE IS INTRODUCED

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