

(Please print or type)

J[^]Qryalc^f.

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

s- lA/oud aye-

(Please print or type current sign location address) CHICAGO, ILLINOIS (ZIP CODE) (oOt^gOI

(PHONE NUMBER)"Hv5^a3-8">

REASON FOR REMOVAL: _\t[^]jcte[^]

iOVY[^]

ILLINOIS VEHICLE LICENSE NUMBER

1

(Secretary of State Disable Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE: V

([^]-titwt^t[^]e'-oIVtpHc[^]rtH- \ErVM \<^r FORWARD THIS COMPLETED

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

>ⁿ QUI-

(Ak&rnvanic Signature)

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*>/ai/lS

(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