

Applicant / Jesus E. Cordero

Dbc-M-2000 11:26am From-CITY OF CHICAGO DEPT OF REVENUE

City of Chicago's Richard M. Daley, Mayor

Department of Finance

Heather P. Murphy Director

(City of Chicago, 107 North LaSalle Street Chicago, Illinois 60601-1616 (1121744-0471 (FAX) (773) 7-14-14 (TTY) 773-777-1111
http://www.ci.chi.il.us <http://www.ci.chi.il.us>)

(Please print or type.) NAME OF DISABLED

INDIVIDUAL: J<f>14J> £■ /v REMOVAL LOCATION OF DISABLED PARKING SPACE

REQUESTED:

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

606^ (PHONE NUMBER) 7 7j - '6^^

REASON FOR REMOVAL: tfv\ve ps idi^JL.

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE: *jt*

(Please provide Information only if billing information differs.)

ILLINOIS VEHICLE LICENSE NUMBER: *^^f^*

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER! *C F If 01\$*

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY VMnurr nnr.c

- ^-f^Z-^-^^

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LI

(Ward)

ALDERMANIC CERTIFICATION:

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