

JOHN
Alderman 10th Ward
773721 59-45

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**FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR
DISABLED PERMIT NUMBER _**

(Please write or type)
(Please print on

**NAME OF DISABLED INDIVIDUAL: . REMOVAL LOCATION OF DISABLED PARKING
SPACE REQUESTED:**

(Please print or type current sign location and address;)

CHICAGO, ILLINOIS (OPCODE). (PHONE NUMBER),

REASON FOR REMOVAL: (Please check one)

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR

ANNUAL SIGN MAINTENANCE FEE: ;

(Please provide information only if billing information differs*)

ILLINOIS VEHICLE LICENSE NUMBER:

(W or V plain)

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State Disabled 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
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ALDERM^TICXE^S

(Ward) fJDatc)

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