

REASON FOR REMOVAL. V<<.C.<x.n^~

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER:

(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

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