

CNjefChfedfo DepartnurtaflUMnM

3ty Hill, Room 107 121 NorlhLiSiUe Street :faicago,IlIiMfeO602

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER:

(Please print or type.)

NAME OF DISABLED INDIVIDUAL:

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

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

(ZIP CODE>lrf>P^ f PHONE NUMBER^S) 44ft' 0^2.3

REASON FOR REMOVAL: . Hd Y^d?

ILLINOIS VEHICLE LICENSE NUMBER:

(W or V plate)

ILLINOIS DISABLED PLACARD NUMBER:

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE

BEST OF MY KNOWLEDGE:

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

(Ward)

ALDERMANIC CERTIFICATION:

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