

Legislation Text

File #: 02020-4863, Version: 1

Committee on Pedestrian and Traffic Safety Introduction to Gity Council October 7,2020

## MEMORANDUM FOR TRAFFIC REGULATION

Applicant Name: Primary Street Address; Location Sign to be Posted: Permit Number: Hours: Days:

Raul Guzman 1117 W3 I<sup>st</sup> St 1117 W 31<sup>st</sup> St 92795

At all times j NO Exceptions

Patrick D. Thompson Alderman, 11<sup>th</sup> Ward

## DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER ^A^t^S

(Please print or type)

NAME OF DISABLED INDIVIDUAL: \$OmA. 6LcfKcvi

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

<u>,..., <u>r'...'i MR.«\*J Z\</u><u>+</u> S-1 "</u>

";1 (Please print or type current sign location address) V

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CHICAGO, ILLINOIS (ZIPCODE)	6obd8 (PHONEN	UMBER)			
		"."!: '*	-	(W or V plates)	
ILLINOIS DISABLED PLACARD N	UMBER:				
REASON FOR REMOVAL:	(p < * tSQo)	OoXLL^			
ILLINOIS VEHICLE LICENSE NU	<u>MBER</u> :	<u>:</u> ". <b>.</b>	<u> </u>		
"	(Seci	etary of State Disa	abled Placard)		
CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF					
MY KNOWLEDGE:	<u>∎</u> <u>^J:.</u>	2 <u>-</u>	<u></u>		
* (Signature of Applicant)					
FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN. ALDERMANIC CERTIFICATION:					
ALDERMANIC CERTIFICATION.				(Aldermanic Signature)	
DO NOT WRITE BELOWIrfrIS LINE					
	(Wa	rd) (Date)			
AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES BY					
THE ALDERMAN. AT THE TIME T	HE DISABLED SIGN	REMOVAL ORD	INANCE IS		

" "" The City of Chicago - Department of Revenue P.O. Box 803100 ATTN: Disabled Permitting Section Chicago, IL. 60680-3100

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INTRODUCED. ' 5 "

N: Disabled Permitting Section Chicago, IL. 60680-3100 Phone: 312.744.PARK. (7275)

Revised: 4/24/2019