



Office of the City Clerk

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Legislation Text

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DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER If 3 Z <ia _

(Please print or type)

NAME OF DISABLED INDIVIDUAL: f)oA_a v..^* ft o 1J

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) f.Qf. 3£ (PHONENUMBERS(171)73 7^22S3

REASON FOR REMOVAL: X nou^k nj>jo ss LL.. s \t** I

ILLINOIS VEHICLE LICENSE NUMBER: 2 O t 8 ~S 7 _

ILLINOIS DISABLED PLACARD NUMBER: ft (7 9 / ^ _

(Secretary of Suite 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

ALDERMANIC CERTIFICATION

(Ward)

Ihil.

'(Date)

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