



Office of the City Clerk

City Hall
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Legislation Text

File #: O2011-869, Version: 1

DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER
J (* 3 9^

NAME OF DISABLED INDIVIDUAL:.

(Please print or type.)

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) (pO^'S*- (PHONE NUMBER)

REASON FOR REMOVAL: A/0 fesPntiSG TP A/QT'^ ILLINOIS VEHICLE LICENSE NUMBER: _
(W or V plates)

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 ALDERMANIC CERTIFICATION^TM , . """"^"!
^^TM"

'f Aldermanic Signature) (Ward) (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