



Office of the City Clerk

City Hall
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Legislation Text

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11:17 FR COPY ROOM 312 768 5823 TO 917733488480 P. 01/02

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:

1031 kf.£LU<f_____

(Please print type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE)_(PHONE NUMBER)____

REASON FOR REMOVAL: fy/JJUS 'd T_____

ILLINOIS VEHICLE LICENSE NUMBER:_____

(WorV plates)

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION^ CORRECT TO THE BEST OF MY KNOWLEDGE:

"E INFORM ATiONIS CORK EC

(Signature of Applicant)

FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE^ ALDE^MANI^CTSRT^

(Aldernanic 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