



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Text

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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).

(PHONE NIJMB£R)

REASON FOR REMOVAL: VI/fftJV^ (kAASI^ /hhnduoJ

ILLINOIS VEHICLE LICENSE NUMBER:

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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 LLNE, ALD^MANlcTERTTrFTcATloff

(Aldermaiuc Signature) (Ward) (Data >

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