



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 prim or typt.)

NAME OF DISABLED INDIVIDUAL: O^HJCsfch" \ Os- G rc^yy^O^r I K^X- iC I S REMOVAL

LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign 1

CHICAGO, ILLINOIS (ZIP CODE),

. location address. }

_(PHONE NUMBER),

REASON FOR REMOVAL: fo&U%ld- /f?TY*A*^ fatf^

ILLINOIS VEHICLE LICENSE NUMBER: _____

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER: Ziff&tf fa_

(Secretary of Stale 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:

(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