



Office of the City Clerk

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Legislation Text

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FAX
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DISABLED PERMIT PARKING REMOVAL APPLICATION FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER *S^?/5>3

(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) (p^&D (PHONE NUMBER)*"^-£^3

REASON FOR REMOVAL: 0fO\p cl_

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State Disable Placard)

CERTIFICATION: THE ABOVE INFORMATION, ^ CORRECT TO THE BEST OF BY KNOWLEDGE: (A

(Signature of Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN
APPLICANT: DO NOT WRITE BELOW THIS LINE

(Aldermanic Signature)

9 < *)-!(

(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