



Office of the City Clerk

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Legislation Text

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BUILDING CHIC/ICOTOCSTHEB

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) ^>%^IpH0NE NUMBER) 773

cVV^ c/2 O) REASON FOR REMOVAL: ^\Q\JL- c CL<^J*

ILLINOIS VEHICLE LICENSE NUMBER:

ILLINOIS DISABLED PLACARD NUMBER:

(Secretary of State Disable 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