

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 prinTor type current sign location Address.) CfflCAGO, ILLINOIS (ZIP CODE). (PHONE NUMBER). REASON FOR REMOVAL:, NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN MAINTENANCE FEE: _ (Please provide information only if billing information differs.) ILLINOIS VEHICLE LICENSE NUMBER: _ (W or V plates) 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 LINE **alpt^manTcer^^**

(Aldermanic Signature)

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(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.