

Legislation Text

File #: 02011-1556, Version: 1

Feb 24 2011 6:09PM HP LASERJET FRX 773-523-8440

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'■ HANDICAPPED PERMIT PARKING

! REMOVAL APPLICATION I I FOR SICN REMOVAL RECAROINC PROHIBITED PARKING EXCEPT FOR HANDICAP PERMIT N'LXBER: (Please princ or type.)

NAME OF HANDICAPPEO INDIVIDUAL: REMOVAL LOCATION OF HANDICAP PARKING SPACE REQUESTED: (Please princ or cype current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) fafiMZ (PHONE NUMBER) OQg - g HI-^SL^I 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: _ ^J (w or V places) ILLINOIS HANDICAPPED PLACARD NUMBER: P) F~ "y^^Oilp (Secrecarv of Scat Handicap Placard! CERTIFICATION: THE ABOVE JJFQZq&IIOK ISJ£2M£1^T0 THE BEST OF MY KJiOWLEDCJ

(Signature of applicant) FORUARD THIS COMPLETED APPLICATION TO YOUR. ALDERMAN. APPLICANT: DO NOT WRITE BELOW THIS LINE. ALDERMANIC CERTIFICATION:

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{Dalit) AJTr-H APPROVAL. THIS APPLICATION' IS 70 8E FORWARDED TO COUNCIL SERVICES. TrS. ALDERMAN. AT THE TIME THE HANDICAP SIGN R£M0VA1. DRT)!N[:]ANC7. IS IN'TROD!!''

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