



Office of the City Clerk

City Hall
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Chicago, IL 60602
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Legislation Text

File #: O2011-1577, Version: 1

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) (jdjh (PHONE NUMBER)_

REASON FOR REMOVAL:

ILLINOIS VEHICLE LICENSE NUMBER:

■ ^,":'"" -,: - v;:::-, y " ■■. ... (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 ALDEmANTcTSmFICATION

(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