

Office of the City Clerk

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Legislation Text

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EKJHBORRQQDS

DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING EXCEPT FOR DISABLED PERMIT NUMBER

(Please prim or type) NAME OF DISABLED INDIVIDUAL: fate/UMi/ U/#J- TDaI-JT/OU REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

(Please print or type current sign location address) CHICAGO, ILLINOIS (ZIP CODE)££&2L (PHONE NUMBER) 7f\tf-33/'2S(2-REASON FOR REMOVAL: Mpl/^d_

ILUNOIS VEHICLE LICENSE NUMBER:

<u>ILLINOIS DISABLED PLACARD NUMBER:</u> <u>BB \$7336</u>

(Secretary of State Disable Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE BEST OF BY KNOWLEDGE: (Signative of Applicam)

(Siguauive of Applieam) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION

(AWcrmanic Signature)

(Ward)

sloL

(DaW)

AFTER APPROVAL, THIS APPLICATION IS TO BE FORWARDED TO COUNCIL SERVICES, BY THE ALDERMAN, AT THE TIME THE DISABLED SIGN REMOVAL ORDINANCE IS INTRODUCED