



Office of the City Clerk

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Legislation Text

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City of Chicago Richard M. Daley, Mayor

Department of Revenue

Hugh P. Murphy Director

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<<http://www.ci.chi.il.us>>

NE^QPORHQQDS

DISABLED PERMIT PARKING

REMOVAL APPLICATION FOR SIGN REMOVAL REGARDING PROHIBITED PARKING
EXCEPT FOR DISABLED PERMIT NUMBER

(Please print or type.)

NAME OF DISABLED INDIVIDUAL:

SI ILFSC iHli ia roVETHEX

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

2.6 Z°i ki'lrji^

(Please print or type current sign location address.)

CHICAGO, ILLINOIS (ZIP CODE y 60GZZ (PHONE NUMBER)_

REASON FOR REMOVAL: Mo^tTfl_____

NAME AND ADDRESS OF PERSON CURRENTLY BEING BILLED FOR ANNUAL SIGN

MAINTENANCE FEE: _;_1

(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 ALDERMANIC CERTIFICATION:

(Aldermanic Signature

(Ward)

)atc)

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