



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Text

File #: O2011-1655, Version: 1

Pbc-M-2000 M:2Bam From-CITY OP CHICAGO DEPT OF REVENUE
T-005 P.002/002 F-

City of Chicago Mayor
Department of Finance

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NEIGHBORHOODS

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DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER ^ 7 6

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: cTpy^np f^oQ-vZ-A

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

5^-3*4- W Otrrrrys &(/tzc~j--r _.

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE)CO G 3o (PHONE
NUMBER),

REASON FOR REMOVAL: f (Lofton**/ 3p*-Q Z~i%-l

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: A///1

(W or V plates)

ILLINOIS DISABLED PLACARD NUMBER: AC / 3 7 £>3

(Secretary of State Disabled Placard)

CERTIFICATION: THE ABOVE INFORMATION IS CORRECT TO THE
BEST OF MY

KNOWLEDGE/^^^.^-^,

(Signaling if Applicant) FORWARD THIS COMPLETED APPLICATION TO YOUR ALDERMAN.

APPLICANT: DO NOT WRITE BELOW THIS LINE

ALDERMANIC CERTIFICATION:

^6

(Aldermanic Signature)

(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.