



Office of the City Clerk

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

Legislation Text

File #: O2011-1999, 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: /1A\W\ S ^- Gf- 6)1/W/V REMOVAL
LOCATION OF DISABLED PARKING SPACE REQUESTED:

S'dOK vS- Clycl& flvfnue__

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

REASON FOR BKMOVAL: f)eC&(X^J__

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: __
(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:

(AJdermanic Signature)

g\$ 3/3|//

(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.