

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)

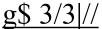
ILLINOIS DISABLED PLACARD NUMBER;

(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)



(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.