



# Office of the City Clerk

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

## Legislation Text

File #: O2011-2004, Version: 1

### DISABLED PERMIT PARKING

#### REMOVAL APPLICATION

#### FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

#### EXCEPT FOR DISABLED PERMIT NUMBER //^g^7

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: Ch&dl^S ^4ubl)fHxi

#### REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE \n7)/n <M  
(PHONENUMBER). REASON FOR REMOVAL:.

#### 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: >^ J^^fr^

(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.