



Office of the City Clerk

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

Legislation Text

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City of Chicago Richard M. Daley, Mayor
Department of Revenue
Hugh P. Murphy Director;
City Hall, Room 107 121 North LaSalle Street Chicago, Illinois 60602 312)744-6146 (312) 7-14.0471 (FAX) (312)744-2975 (TTY)
luip^/www.ci.chi.il.us <http://www.ci.chi.il.us>

OUI -AUNG CHICAGO ToChTHtK

DISABLED PERMIT PARKING

REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER 10&2-<^

(Please print or type.)

NAME OF DISABLED INDIVIDUAL: / ^ n f l P t o J g ' / T l c J Y r / S

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED:

(Please print or type current sign location address.) CHICAGO, ILLINOIS (ZIP CODE) OX* I *7 (PHONE NUMBER)

^ZZ REASON FOR REMOVAL/ f £ C &

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: fa

(Aldermanic Signature)

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.