



City of Chicago  
Richard M. Daley, Mayor

Department of Revenue

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<http://www.cityofchicago.org>

## DISABLED PERMIT PARKING REMOVAL APPLICATION

FOR SIGN REMOVAL REGARDING PROHIBITED PARKING

EXCEPT FOR DISABLED PERMIT NUMBER \_\_\_\_\_  
(Please print or type)

NAME OF DISABLED INDIVIDUAL: \_\_\_\_\_

REMOVAL LOCATION OF DISABLED PARKING SPACE REQUESTED

\_\_\_\_\_  
(Please print or type current sign location address)

CHICAGO, ILLINOIS (ZIP CODE) \_\_\_\_\_ (PHONE NUMBER) \_\_\_\_\_

REASON FOR REMOVAL: \_\_\_\_\_

ILLINOIS VEHICLE LICENSE NUMBER: \_\_\_\_\_

ILLINOIS DISABLED PLACARD NUMBER: \_\_\_\_\_  
(Secretary of State Disable 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

\_\_\_\_\_  
(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

