

REQUEST FOR REMOVAL OF HANDICAPPED PARKING SIGNAGE

TO: President and Board of Trustees

ATTN: Director of Public Works

DATE: _____

**LOCATION OF
HANDICAPPED
SIGNAGE:** _____

PROVIDED FOR: _____
Name of Person Requesting

Street address of person requesting

City/State of person requesting

Phone Number

Relationship to handicapped person (s)

**REASON FOR
REMOVAL:** _____

**SIGNATURE OF
RESIDENT OR
OTHER:** _____

NOTE: PLEASE PRINT ALL REQUIRED INFORMATION, EXCEPT FOR SIGNATURE OF RESIDENT. Items in bold must be filled in and this request must be signed by the Norridge resident on whose behalf the handicapped signage was provided, unless the resident is unable to sign, in which case this request may be signed by the appropriate heir (s) and/or decedents to the estate of the Norridge property owner, or those having been given legal power of attorney.