

AFFIDAVIT FOR "NO FEE" VEHICLE STICKER

Applicant's Name _____
(Last) (First) (Middle initial)
Address _____ Zip code _____
(Unit #)
Phone _____ Date of Birth _____

***Note: If application is being completed on behalf of a disabled individual, please include the following information:**

Name: _____

Address: _____

Relationship to applicant: _____ Signature _____

Persons with Disabilities definition: Every natural person who has permanently lost the use of a leg or both legs or arm or both arms or any combination thereof or any person who is so severely disabled as to be unable to walk without the aid of crutches, tripod type cane, walker or wheelchair.

I hereby apply for a "no fee" sticker under the above provision and certify that my physical condition entitles me to the use of this sticker. I understand that the unauthorized use of the wheelchair sticker under the above provision and certify that my that my physical condition entitles me to the use of this sticker. I understand that the unauthorized use of the wheelchair sticker will lead to its surrender. The Office of the City Clerk may cancel this sticker privilege at any time and holder shall surrender it on demand.

Applicant's Signature _____ Date _____

Illinois Disability License Plate Number: W _____
(*Must be disability plate*)

**** You must attach a copy of your current vehicle registration and valid drivers license or state ID**