

## REQUEST TO REVIEW PARKING CITATION

IMPORTANT: PLEASE READ BEFORE COMPLETING FORM

If you believe that you have been cited unjustly, you may request a review of the citation by completing SECTION A of this form and:

1. Taking it with you to the Plymouth Police Department, 128 Smith St., Plymouth, WI to explain the circumstances which you feel prove your vehicle should not have been cited; or
2. Complete SECTION A of this form and deliver or mail it to the Plymouth Police Department, 128 Smith St., Plymouth, WI 53073. The Deputy Chief will contact you by telephone to discuss with you evidence/circumstance or mail you this form with a disposition; or
3. Contact the Plymouth Municipal Court Clerk at 893-1271 to schedule a court date to contest the citation (have the citation number available).

If you have already received your SECOND NOTICE of unpaid parking violation, the review process is no longer available to you. You can exercise one of three options.

1. Pay fine amount (to be received within 7 days of the SECOND NOTICE date); or
2. Take the matter to court (see #3 above on how to proceed). You may be responsible for court costs and fees in addition to any other administration fees imposed by the City or Department of Transportation if you do not prevail in court; or
3. Allow the ticket to go to the Wisconsin Department of Transportation for suspension of vehicle registration, refusal of vehicle registration, or both.

### SECTION A (To be completed by parking citation holder) **PLEASE PRINT LEGIBLY!**

Vehicle License # \_\_\_\_\_ Citation # \_\_\_\_\_ Citation date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Reason you feel Citation should be reviewed \_\_\_\_\_

\_\_\_\_\_  
(Continue on reverse side, if necessary)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION B (To be completed by the Police Dept. Supervisor)

Action: VOIDED \_\_\_\_\_ DENIED \_\_\_\_\_

Amount to be Paid \_\_\_\_\_ (Within ten (10) days of review)

REMARKS \_\_\_\_\_

Date of Review \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Reviewer \_\_\_\_\_

Date Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_