

# FOND DU LAC POLICE DEPARTMENT APPLICATION FOR ADMINISTRATION REVIEW OF PARKING CITATION

**DO NOT SUBMIT FORMS FOR THE FOLLOWING MATTERS THAT ARE NOT REVIEWABLE:**

1. Claims of being unaware of State Statutes or Municipal Ordinances; or,
2. Inability to pay/other financial circumstances; or,
3. Lost or misplaced ticket; or,
4. Improper display or failure to display parking permit; or,
5. No curb markings such as yellow paint; or,
6. Failure to receive notices due to incorrect/out-of-date address listing with the Department of Transportation; or,
7. Failure to remove or cancel license plates prior to selling a vehicle.

**CITATIONS ARE ONLY REVIEWED WHEN THE FOLLOWING CRITERIA APPLY:**

- Application for Review is filed within 10 days of the ticket being issued.

**IF YOU DO NOT MEET THE CRITERIA FOR REVIEW, OR IF YOUR REVIEW IS DENIED, YOU HAVE TWO CHOICES TO RESOLVE THE PARKING CITATION:**

- Pay the amount due; or,
- File a written request for a court hearing within 10 days following the administrative review decision or 30 days from the date the ticket was issued, whichever is later. A state uniform traffic citation will be issued for illegal parking. ( \$114.00 including court costs)

**NOTE: IF YOU DO NOT RESOLVE THE PARKING CITATION, YOUR INFORMATION WILL BE SENT TO THE STATE SYSTEM AND YOUR REGISTRATION WILL BE SUSPENDED.**

Please Print:

License plate number: \_\_\_\_\_ Parking citation number: \_\_\_\_\_  
Date of request: \_\_\_\_\_ Date of citation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Explain reason why citation should be reviewed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Mail form to:

Fond du Lac Police Department  
126 N. Main St.  
Fond du Lac, WI 54935  
Phone number: 920.322.3700 Fax number: 920.322.3701

Drop off at:

Fond du Lac Police Department  
126 N. Main St.  
Fond du Lac, WI 54935

NOTE: In the event you are not notified of a decision within ten (10) days, due to circumstances beyond our control, it will be your responsibility to resolve this matter.

- FOR CITY USE ONLY -

\_\_\_\_\_ CITATION VOIDED      \_\_\_\_\_ REVIEW DENIED      \_\_\_\_\_ NOT REVIEWABLE (\_\_\_\_) (See Category Above)

REMARKS: \_\_\_\_\_

AMOUNT TO BE PAID: \$ \_\_\_\_\_ Amount that is due must be received within 10 days of the "DATE OF REVIEW", along with a copy of this form or the citation. DO NOT MAIL CASH.

DATE OF REVIEW: \_\_\_\_\_ SIGNATURE OF REVIEWER: \_\_\_\_\_