

**City of Evansville
Request to Review Parking Citation**

This form must be filled out & returned to the Evansville Police Department within five business days from the citation(s) date of issue.

Fill this form out only if you feel the citation was **issued in error**. If your vehicle was illegally parked, then your request **will be denied**. Examples of citations issued in error are; vehicles that are exempted by state statute, vehicles that are illegally parked due to a documented medical emergency, or you have previously notified the Evansville Police Department of a vehicle breakdown, etc.

You may not fill out this form if:

- You have received a “Final Notice” or if it has been longer than five business days since the date of issue; or
- You have been notified by the Wisconsin Department of Transportation that your vehicle registration has been suspended.

If you have received a FINAL NOTICE, you must:

- 1) Pay the amount shown on the FINAL NOTICE.

YOU ARE REMINDED THAT ANY UNPAID PARKING CITATIONS WILL BE SUBMITTED TO THE WISCONSIN DEPARTMENT OF TRANSPORTATION AND YOUR VEHICLE REGISTRATION WILL BE SUSPENDED UNTIL THE MATTER IS RESOLVED. ANY VEHICLE WITH SUSPENDED REGISTRATION MAY BE IMPOUNDED AND/OR THE OPERATOR TICKETED.

Complete this Section: **PLEASE PRINT** **Date of Review Request** _____

Name _____ Phone: _____ Business _____

Address _____ City _____ State ____ Zip _____

License Plate No. _____ Parking Citation No. _____ Date of Citation _____

Reason you feel citation was issued in error: _____

Signature _____ Print email address: _____

Requesting a Court date: To contest the citation(s), you must contact the Evansville Police Department within five business days of the “denial,” or within 10 business days from the original date of issue if a “request for review” was not submitted. The parking ticket will be reissued with a Uniform Traffic Citation. The Citation will include Court costs that will increase the fine amount. These costs cannot be removed once the citation is issued. If you do not prevail in court, then you will be responsible for these costs.

OFFICE USE ONLY:

ACTION: WITHDRAWN _____ DENIED _____ AMOUNT DUE _____ (MUST BE PAID WITHIN 10 DAYS)

If you do not agree with this decision, you may request to have this matter heard before the Evansville Municipal Court. You must request a court date by contacting the Evansville Police Department within five business days of this notice. (See above)

Date of Review _____ Signature of Reviewer _____