



VILLAGE OF WINFIELD

Incorporated 1921



WINFIELD POLICE DEPARTMENT

Parking/ORDINANCE Violation Appeal Form

Phone: (630) 933-7160 FAX: (630) 668-5541

This is a courtesy request for review of a local ordinance citation and does not mean that the citation will be voided or not processed in the event the request is denied. **Requests for appeals must be requested and received prior to the original due date listed on the citation. Appeals received after the due date will not be considered.** Violators should retain the original citation and forward only copies of information they believe should be taken into consideration of their request. Documents will not be returned to the requester. Additional fees and penalties will be in suspense during the appeal process.

Name _____ Citation Date _____

Address _____ Phone No. _____

City, State, Zip _____

Citation No. WI _____ Officer ID No. _____

Violator's Statement of Circumstances _____

Signature _____ Date _____

OFFICER REVIEW:

Request Citation Be Voided _____ Request Citation Remain In Force _____

Additional Information _____

Officer's Signature _____ Date _____

ADMINISTRATIVE REVIEW:

____ Request has been **APPROVED** based on the circumstances presented. No further action is required.

____ Request has been **DENIED** requiring violator to comply with the terms of the citation.

Ticket now due by _____ OR request court/administrative hearing.

Signature _____ Date _____

David Schar, Chief of Police