

Platteville Police Department

Parking Ticket Review Request

PLEASE READ:

You may contest any parking ticket, however, examples of circumstances which are **NOT** considered as valid grounds to dismiss or reduce the ticket include:

- I was just there for a short time
- Lack of legal parking space
- Lack of convenient parking space
- I had flashers on
- Time constraints (a minute late)
- No one else got a ticket
- I didn't see the sign
- I parked in same area before and never received a ticket
- Ignorance of City Parking Regulations
- If your vehicle was unattended, it was parked
- I didn't intend to do it
- The fine is too much
- City Parking Permit was not displayed properly
- Vehicle was broke down and could not be fixed right away

You may request a court date if the review process finds the ticket to be valid and you wish to contest further. Please call (608)348-2313 to arrange for a court date. If a ticket is contested in court, a municipal citation will be issued to the contesting responsible party (driver/owner) with the amount of the citation and the current court costs assessed. Examples of municipal citation amounts are as follows:

Parking Ticket Amount	Municipal Citation Amount
\$20.00	\$162.70
\$50.00	\$200.50

To Start the Review Process

Complete and sign reverse side of this form.

This form may be dropped off at the Platteville Police Department or mailed to:

Platteville Police Department
165 North Fourth Street
Platteville, WI 53818

Emailed forms will not be accepted

You will be contacted with the decision after the Department's review.

If you do not receive a response by email or phone, after 10 business days, please contact the Platteville Police Department to be sure the parking ticket review request was received.

Platteville Police Department Parking Ticket Review Request

Your Name _____ Registered Owner's Name _____

Your Address _____

Your Phone Number _____

Your Email Address _____

Parking Ticket Number _____

Please articulate the reason you believe the ticket was issued **in error**.
Include information and attach additional sheets or documentation you want considered.
No requests for additional information/documentation will be made.

I hereby certify that the information provided in this request for review is true and accurate.

Signature **Date**

OFFICE USE ONLY: Date Received: _____ Time Received: _____ By: _____		
Review Completed by: _____	Citation Disposition:	Upheld
		Reduced to \$ _____
Citizen contacted Date/Time: _____		Dismissed