



**CITY OF APPLETON
APPLICATION FOR ADMINISTRATIVE REVIEW
OF PARKING CITATION**

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

1. 2a.m. – 5a.m. parking violations (unless you have received prior permission to park on street from the Police Dept.)
2. Claims of being unaware of State Statutes or Municipal Ordinances; or,
3. Inability to pay/other financial circumstances; or,
4. Lost or misplaced ticket; or,
5. Improper display or failure to display parking permit; or,
6. No curb markings such as yellow paint; or,
7. Failure to receive notices due to incorrect/out-of-date address listing with the Department of Transportation; or,
8. Failure to remove or cancel license plates prior to selling a vehicle.

CITATIONS ARE ONLY REVIEWED WHEN THE FOLLOWING CRITERIA APPLY:

- Meter malfunction or other legal defense; and,
- 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 on the FINAL NOTICE; 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.

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 NO. _____ PARKING CITATION NO. _____
 DATE OF REQUEST _____ DATE OF CITATION _____
 NAME _____ PHONE _____ BUS. _____
 ADDRESS _____ CITY _____ ZIP _____

Explain reason why Citation should be reviewed here: _____

(continue on reverse side if necessary)

Signature _____

MAIL FORM TO: Finance Department/Parking Citation Coordinator
 PO Box 2519
 Appleton, WI 54912
 Phone # - (920) 832-2330 FAX # - (920) 832-6317

DROP OFF AT: 1st Floor Cashier Window
 100 North Appleton Street
 Appleton, WI 54911

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: _____

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE.