



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

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

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 Failure to receive notices due to incorrect/out-of-date address listing with the Department of Transportation; or,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 citation being issued.
 - Once this Application is filed in our office (timely), the citation is put on hold until the review process is complete. During this processing time, there are no late fees assessed. You will be notified by mail when a decision has been made and given an additional 10 days to pay.

RESOLVING THE PARKING CITATION:

- If you do not meet the criteria for review, you must pay the ticket immediately or,
- If you file a review and it is denied you have two choices:
 - Pay the amount given on the completed review form within the 10 day time frame
 - 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 in the appropriate time frame, your information will be sent to the State 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 OR FAX FORM TO: Finance Department/Parking Citation Coordinator
 PO Box 2519
 Appleton, WI 54912
 Phone # - (920) 832-6046 FAX # - (920) 832-6317

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

- 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.