



**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 15 days of the citation being issued.
 - o Once this Application is filed in our office (timely), the citation will be reviewed by the Parking Manager with response within 1-2 days via email. If wanting form to be mailed back, response time will be an additional couple of days. Please note – a denied citation needs to be paid by due date (15 days after citation issuance).

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:
 - o Pay the amount given on the completed review form within the 15-day time frame
 - o File a written request for a court hearing within 15 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 _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

Explain reason why Citation should be reviewed here: _____

(continue on reverse side if necessary)

Signature _____

MAIL FORM TO: Finance Department – Parking
PO Box 2519
Appleton, WI 54912
Phone (920) 832-6046

DROP OFF AT: 1st Floor Finance
100 N Appleton St
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 15 days of the "DATE OF CITATION ISSUANCE", along with a copy of this form or the citation. DO NOT MAIL CASH.

DATE OF REVIEW: _____ SIGNATURE OF REVIEWER: _____