HINSDALE POLICE DEPARTMENT

REQUEST FOR REVIEW OF CITATION

This is a request for review of a local ordinance citation and does not mean that the citation will be voided or not processed in the event my request is denied. I have indicated below the circumstances which I feel should be brought to the attention of the officer and I am requesting that my citation be voided based on those circumstances.

RETAIN THE ORIGINAL CITATION DURING THE REVIEW PROCESS.
INCOMPLETE FORMS WILL BE RETURNED.

PLEASE PRINT PLEASE PRINT PLEASE PRINT

COMPLAINANT INFORMATION	**CITATION DATA**
Name:_____	Citation #:_____
Address:_____	License Plate #:_____State:_____
City, ST ZIP:_____	Violation:_____
Telephone #:_____	Officer Star #:_____
_____ **DRIVER** _____ **OWNER**	Issue Date: _____

Explain why you are ***NOT GUILTY*** of this offense:

(NOTE: Unless special circumstances are present, review is decided based on guilt.)

Use reverse side if additional space is needed.

Signature:_____ Date:_____

A response will be mailed via US MAIL to the above name/address within 14 days.

VOID	
IN FORCE	