



### APPLICATION FOR ADMINISTRATIVE REVIEW OF PARKING CITATIONS

**THE FOLLOWING MATTERS ARE NOT DISPUTABLE THROUGH THE ADMINSTRATIVE REVIEW PROCESS.**

1. Inability to pay; or
2. Loaned vehicle to a friend/family member who received the ticket.
3. Sign not posted on every street; or
4. Never cited for parking there before; or
5. Ignorance of State Statutes, Municipal Ordinances or City of Manitowoc Parking Regulations; or
6. Lost or misplaced ticket; or
7. Improper display or failure to display handicap placard; or
8. No curb markings such as yellow paint, etc.; or
9. Failure to receive notices due to incorrect/out-of date address listing with the Department of Transportation; or
10. Failure to remove or cancel license plates prior to selling a vehicle

Citations are only reviewed when contested, **BY THE REGISTERED OWNER**, for a reason other than the ones listed above and an application for review is filed within 15 days of citation being issued. Once this Application is filed at the Police Department, the citation is put on hold until the review process is complete. During th is processing time, there are no late fees assessed. You will be notified by mail when a decision has been made.

If your review is denied, you must pay the citation within 10 days or late fees will be assessed. If you disagreed with the review decision, **you must pay the original citation** and request that the citation be contested in Municipal Court. If you do not meet the criteria for review, you must pay the ticket by the due date or ask that the citation be contested in Municipal Court.

NOTE: If you do not resolve the parking ticket in the appropriate time frame, your information will be sent to the State and **your registration will be suspended. PLEASE PRINT THE FOLLOWING INFORMATION:**

License Plate No.: \_\_\_\_\_ Parking Citation No.: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_ Date of Citation: \_\_\_\_\_  
 Name of Registered Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Explain reason why parking ticket should be reviewed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_

Mail or fax form to: Manitowoc Police Department  
910 Jay Street  
Manitowoc WI 54220  
Fax – 920-686-6588

FOR CITY USE ONLY –

PARKING TICKET 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: \_\_\_\_\_



**CITIZEN COMPLAINT FORM  
CONTESTED PARKING CITATION PROCEDURE**

1. I, \_\_\_\_\_, request to contest parking citation \_\_\_\_\_.

2. My reason for contesting the above listed parking citation is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge Municipal Court costs will be imposed by the court if I do not prevail at trial.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Police Department Use Only:

Officer or Community Service Worker statement of violation: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_