



APPLICATION FOR ADMINISTRATIVE REVIEW OF PARKING CITATIONS

THE FOLLOWING MATTERS ARE NOT DISPUTABLE THROUGH THE ADMINISTRATIVE 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 Failure to receive notices due to incorrect/out-of date address listing with the Department of Transportation; or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 this 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 and request that the citation be contested in Municipal Court you must complete the back of this form. The back of this form will only be completed if you disagree with the review and are asking for the matter to 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 –		
<input type="checkbox"/> PARKING TICKET VOIDED	<input type="checkbox"/> REVIEW DENIED	<input type="checkbox"/> 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: _____

Police Department Use Only:

Officer or Community Service Worker statement of violation: _____

