## **REQUEST TO REVIEW PARKING CITATION**

City of Oshkosh

Return to: Parking Utility, City Hall PO Box 1128 215 Church Avenue Oshkosh, WI 54903-1128

(920) 236-5004

Name:		
Address		

City, State, Zip: \_\_\_\_\_

## IMPORTANT: Please read before completing form

A request to review a "parking citation" applies only to those circumstances that are unique, extenuating or beyond the control of the recipient. Example: medical emergencies or vehicles exempted by statute. **CITATIONS MAY BE APPEALED ONLY ONCE**. A parking citation that has reached suspension status cannot be appealed.

After review of the completed form, if the decision is:

- 1. To excuse your "Parking Citation", no further action is required by you;
- 2. NOT to excuse your "Parking Citation", you will be provided with a due date indicated below. Please return a copy of this form along with your citation and payment. If you disagree with the decision, you would then <u>go to the Oshkosh Police Department</u> at 420 Jackson Street, to request a date to appear in court. When requesting a court date, bring your copy of the citation and this form.

NOTE: In the event you are not notified of a decision within ten (10) days, due to circumstances beyond our control, it will be your responsibility to resolve this matter. YOU ARE REMINDED THAT ANY UNPAID PARKING CITATION WILL BE SUBMITTED TO THE WISCONSIN DEPARTMENT OF TRANSPORTATION AND YOUR VEHICLE REGISTRATION WILL BE SUSPENDED UNTIL THE MATTER IS RESOLVED.

PLEASE PRINT	PLEASE PRIN	Г	PLEASE PRINT
SECTION A (completed by "Parking (	<u>Citation" holder)</u>		
ICENSE PLATE #:		KING CITATION #:	
ATE OF REQUEST:		TE OF CITATION:	
REASON YOU FEEL YOUR "CITATIO	ON" SHOULD BE REVIE	WED:	
(continue on reverse side)			
Signature:	_Home Phone:	Work Phone:	
SECTION B (completed by reviewer)			
ACTION: EXCUSED: REMARKS:			
(continue on reverse side)			
DATE OF REVIEW:	SIGNATURE OF REVIEWER:		
	TITLE:		
AMOUNT DUE:			
(to be completed by the Parking Utility 1801 (Rev 5-20)			