BERLIN POLICE DEPARTMENT
108 N. CAPRON ST., PO BOX 291, BERLIN, WI 54923
Phone: 920-361-0444, ext. 0 // Fax: 920-361-4313

PARKING TICKET DISMISSAL REVIEW FORM

SECTION A:

LAST NAME, FIRST, M.I.: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE #: _____ DOB:_____

SECTION B – REVIEW REQUEST STATEMENT

I request that Parking Violation Ticket Number _____ issued on _____

at _____(AM)(PM) by Officer #_____ be reviewed for the following reason(s):

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

SIGNATURE DATE TIME

----------FOR POLICE DEPARTMENT USE ONLY----------

_____ _____ _____

REVIEWED BY ACTION TAKEN DATE

CORRECTIVE ACTION TO BE TAKEN: _____

_____

Notification sent by_____ Via:_____ Date:_____