

PARKING TICKET REVIEW

Police Department
1212 5th Avenue
Rock Island, IL 61201
(309)732-2677

Date: _____

Print or type clearly and completely.

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Telephone: _____

Ticket 1: # _____ License Plate # _____ Amount \$ _____

Ticket 2: # _____ License Plate # _____ Amount \$ _____

Ticket 3: # _____ License Plate # _____ Amount \$ _____

Ticket 4: # _____ License Plate # _____ Amount \$ _____

This process is an administrative review. If you feel that the ticket received by you is unwarranted or there are mitigating circumstances, please fill out this form. This form will then be reviewed by the Police Department and a determination will be made on the merits of your case.

CAUTION: Any statements made on this form may constitute an admission on your part.

Mitigating Circumstances: _____

Signature of Driver: _____

Signature of Registered Owner: _____

Any vehicle which has accumulated 5 or more parking violations, or \$50.00 or more in fines, may be impounded unless all tickets are paid. (Rock Island City Code Section 9-45).