



City of Sheboygan Application for Administrative Review of Parking Citation(s)

DO NOT SUBMIT FORMS FOR THE FOLLOWING MATTERS THAT ARE NOT DISPUTABLE:

1. 2a.m. – 6a.m. parking violations (unless you received prior permission to park on street from the Police); or
2. Claims of being unaware of State Statutes or Municipal Ordinances; or
3. Inability to pay/other financial circumstances; or
4. Lost or misplaced ticket; or
5. Improper display or failure to display parking permit; or
6. No curb markings such as yellow paint; or
7. Failure to receive notices due to incorrect/out-of-date address listing with the Department of Transportation; or
8. You want to change the City's Parking Ordinances; or
9. No one else received a ticket; or
10. Parked there before and never received a ticket; or
11. Failure to remove or cancel license plates prior to selling a vehicle.

CITATIONS ARE ONLY REVIEWED WHEN THE FOLLOWING CRITERIA APPLY:

1. Meter malfunction or other legal defense; and
2. You are the registered owner, the driver, and/or the true owner of the vehicle; and
3. Application for Review is filed within 30 days of the citation being issued.
 - Once this Application is filed in our office (timely), the citation is put on hold until the review process is complete.
 - During this processing time, there are no new late fees assessed. You will be notified by mail when a decision has been made and given an additional 10 days to pay.

RESOLVING THE PARKING CITATION:

If you do not meet the criteria for review, you must pay the ticket immediately or, if you file a review and it is denied, you have two choices:

1. Pay the amount given on the completed review form within the 10 day time frame
2. File a written request for a court hearing within 10 days following the administrative review decision – please note, once you request a court hearing on a parking citation, court fees will be assessed. For example, a \$25 parking ticket, with court fees is \$63.

NOTE: If you do not resolve the parking citation in the appropriate time frame, your information will be sent to the State and your registration will be suspended.

PLEASE PRINT:

LICENSE PLATE NO. _____
DATE OF REQUEST _____
NAME _____
ADDRESS _____

PARKING CITATION NO. _____
DATE OF CITATION _____
PHONE _____ BUS. _____
CITY _____ ZIP _____

Explain reason why Citation should be reviewed here: _____

(continue on reverse side if necessary)

Signature _____

MAIL, DROP OFF OR FAX FORM TO:

Sheboygan Police Department
1315 North 23rd Street, Suite 101
Sheboygan, WI 53081

Phone # (920) 459-3342
FAX # (920) 459-0205

