

FOR OFFICE
USE ONLY:

Notice
Postmark Date _____ Timely _____
(Yes or No)

Docket No.: _____
Date Filed: _____

CITY OF SPRINGFIELD, ILLINOIS
APPEARANCE

Phone # _____

Parking Violation Hearing Request / Waiver

Name: _____
(Last) (First) (Middle Initial)

Address: _____
Street Apt. City/State Zip

Ticketed Vehicle Information: _____
Make Model License Plate

Parking Violation Citation No(s): _____

PLEASE CHECK EITHER OPTION 1. OR 2.

1. I hereby request a formal hearing to contest the parking violation citation(s) listed above. I acknowledge that I have been informed this date that my hearing will take place on _____, 20____, at _____ a.m. in the City Council Chambers, 3rd Floor, Municipal Center West, 7th and Monroe Street, Springfield, Illinois.

Signature

2. I wish to contest the Parking Citation(s) listed above but waive my right to attend a formal hearing. In waiving my right to a formal hearing, I understand that I will not be able to present testimony or other evidence at a formal hearing, but instead, will be limited to submitting a written statement of facts and any documentary evidence in support of my position to the Hearing Officer. I further understand that the Hearing Officer shall issue a finding based on the statement of facts and documentary evidence submitted with this waiver of hearing. I am contesting the citation(s) for one of the following reasons:

Please check applicable box(s):

- | | |
|---|--|
| <input type="checkbox"/> Meter malfunction at time citation issued | <input type="checkbox"/> Registration plates not expired at time citation issued |
| <input type="checkbox"/> Possession of a valid disability placard at time citation issued | <input type="checkbox"/> Incorrect marked mode (continuous time) |
| <input type="checkbox"/> Possession of a valid parking permit at time citation issued | <input type="checkbox"/> Other _____ |

You must submit a signed statement of facts specifying the grounds for challenging the above citation(s) and photocopies of any relevant documentary evidence in support of your position along with this appearance. (You may use the reverse of this form for your statement of facts.)

Date Signature

Received by: _____

Docket No. _____

YOUR REQUESTED HEARING ON LIABILITY FOR PARKING VIOLATION(S) IS SCHEDULED FOR _____, 20____, AT _____ A.M., IN THE CITY COUNCIL CHAMBERS, 3RD FLOOR, MUNICIPAL CENTER WEST, 300 SOUTH 7TH STREET, SPRINGFIELD, IL. YOU MAY RESCHEDULE ONE TIME ONLY BY PHONING (217) 789-2224, Ext. 1, BY 8:30 A.M. THE MORNING OF THE HEARING.
s:excel/Pkg violation hearing request waiver1

