



VILLAGE OF
LINCOLNSHIRE
POLICE DEPARTMENT

This form must be submitted at least 3 days prior to hearing date and must include a self-addressed stamped envelope.

CONTEST BY MAIL CITATION REVIEW

CITATION INFORMATION			
Ticket #	Date of Violation	Location of Violation	
Vehicle License #	State	Nature of Violation	Date of Hearing
RESPONDENT INFORMATION			
Name		Driver's License #	State
Address		City/State/Zip	
Telephone #		Email Address	
JUSTIFICATION TO CONTEST THE CITATION			
Explain why citation should be reviewed and attach any supporting documentation.			
			<input type="checkbox"/> Check box if supporting documentation is attached.
WAIVER			
By signing below, I hereby waive my right to appear in person to contest the above violation. I understand that the final determination will be made based on my above written statement and the supporting documentation that I have provided along with this request for citation review. If I am found liable for the violation, I understand that I will be responsible for the unpaid fine and any penalty assessed. I also understand that I will have the right to appeal the final determination of violation liability in the Circuit Court of Lake County by filing proper legal action.			
Signature			Date