



VILLAGE OF  
**LINCOLNSHIRE**  
POLICE DEPARTMENT

STAMP HERE

## REQUEST TO REVIEW CITATION

**Before due date, complete and submit with a copy of the citation**

CITATION INFORMATION			
Ticket #	Date of Violation	Location of Violation	
Vehicle License #	State	Nature of Violation	
REQUESTOR INFORMATION			
Name		Driver's License #	State
Address		City/State/Zip	
Telephone #		Email Address	
JUSTIFICATION TO REVIEW THE CITATION			
Please explain why citation should be reviewed and attach any supporting documentation.			
Signature			Date
LINCOLNSHIRE POLICE USE ONLY			
OFFICER THAT ISSUED CITATION			
Name/Badge #		Recommended Action: <input type="checkbox"/> Uphold Ticket <input type="checkbox"/> Void Ticket <input type="checkbox"/> Convert to Warning	
Signature			Date
SUPERVISOR REVIEWING CITATION			
Chief of Police or Designee		Authorized Action: <input type="checkbox"/> Uphold Ticket <input type="checkbox"/> Void Ticket <input type="checkbox"/> Convert to Warning	
Signature			Date
NOTIFICATION OF DISPOSITION MADE			
Signature			Date