

****FORT ATKINSON POLICE DEPARTMENT****

PARKING TICKET CONSIDERATION REQUEST

NO. _____

REASON FOR REQUEST: _____

DATE _____ TIME _____

LICENSE # _____ STATE _____

MAKE _____ OFFICER _____

LOCATION _____

You Are Charged With The Following
Parking Violation:

- 1. OVERTIME, TIME ZONES.....\$10.00 _____
- 2. PARKED 2 A.M. TO 5 A.M.....\$15.00 _____
- 3. NO PARKING AREA.....\$15.00 _____
- 4. BLOCKING DRIVEWAY/ALLEY..\$15.00 _____
- 5. OVER 48 HOURS.....\$15.00 _____
- 6. SNOW EMERGENCY.....\$25.00 _____
- 7. ALTERNATE SIDE PARKING.....\$10.00 _____
- 8. TRAFFIC VIOLATION.....\$15.00 _____
- 9. SCHOOL ZONE.....\$20.00 _____
- 10. FIRE HYDRANT.....\$25.00 _____
- 11. HANDICAP/DISABLED.....\$50.00 _____
- 12. OTHER\$15.00 _____

NAME _____

(Signature)

ADDRESS _____

ACTION TAKEN:

CITY _____ STATE _____ ZIP _____

Approved: _____

Denied: _____

****TELEPHONE #** _____

(Issuing Officer)

Contacted: _____