

Prospect Heights Police Department
14 E. Camp McDonald Road
Prospect Heights, IL 60070

Phone: (847)398-5511
Fax: (847) 398-6080

Request For Citation Review

Citation #: P 00 _____ Date Citation Issued: _____

This is a request for review of a local ordinance citation and does not mean the citation will be “voided” or “not processed” in the event of my request is denied. I have indicated below the circumstances, which I feel should be brought to the attention of the officer, and am requesting that my citation be voided based on those circumstances. **Complainant must retain the citation during this review process.**

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Officer’s Star #: _____ Offense/Violation: _____

Complainant’s Statement of Circumstances (use the back page if needed): _____

Signature: _____ Date: _____

Bottom portion is to be completed by police personnel only.

Completed by Officer:

_____ Citation may be **Voided** based on circumstances indicated by complainant.

_____ Citation to be considered as a **Written Warning** based on circumstances indicated by complainant.

_____ Citation to **Remain In Force** requiring payment of fine, or a request to a court appearance.

Officer’s Comments: _____

Officer’s Signature: _____ Date: _____

Based on your statement and after further review we have concluded the following outcome.

_____ Request **has been approved** based on the circumstance, no further action on your part is required.

_____ As a courtesy of the Prospect Heights Police Department, the citation has been converted into a **written warning**, no further action on your part is required.

_____ Request **has been denied** requiring payment of fine as indicated, or a request to a court appearance, within 10 days of _____.
(Date)

Signature: _____ Date: _____

(Chief of Police)

To: _____

_____ Citation #: P00 _____
