



GLENDALE HEIGHTS POLICE DEPARTMENT

300 Civic Center Plaza, Glendale Heights IL 60139
Administration: (630) 260-6000

REQUEST FOR REVIEW OF CITATION

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

Officer Star No. _____

Name: _____ Citation date: _____

Address: _____ Citation No. GL _____

City, State, Zip: _____ Phone: _____

Violation Location _____ Veh License # _____

Complainant's statement of circumstances: (Use reverse side if necessary)

Violation: _____

Explanation: _____

Signature: _____ Date: _____

.....
Office Use Only

_____ Citation to be voided _____ Citation to remain in force

Officer Signature _____ Date _____

_____ Citation to be voided _____ Citation to remain in force

Supervisor Signature _____ Date _____

.....
Name: _____ Date _____

Address _____ Citation No. GL _____

City, State, Zip _____

Your request for review of Citation has resulted in the following recommendation:

_____ Request has been approved. Citation will be voided.

_____ Request has been denied. Payment of fine required or Court appearance requested. Please mail or bring in this form along with your payment of \$ _____ by _____.
If payment is received after this date a \$15.00 late fee will be added.

Supervisor Signature _____ Date _____