

# ITASCA POLICE DEPARTMENT

"An Illinois Accredited Police Agency"



540 W Irving Park Road, Itasca, Illinois 60143-2018  
Phone: 630-773-1004      www.itasca.com/police

## REQUEST FOR CITATION REVIEW

*(Form must be filled out entirely in order to be considered for review)*

Citation # IT \_\_\_\_\_

Citation Issue Date \_\_\_\_\_

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 that my request is denied. I shall receive a reply within seven (7) days. I have indicated below the circumstances that I feel should be brought to the attention of the Officer and I am requesting that this citation be voided based on those circumstances.

**\*\*COMPLAINANT MUST RETAIN THE CITATION DURING THE REVIEW PROCESS\*\***

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Officer's Star # \_\_\_\_\_ Violation \_\_\_\_\_

COMPLAINANT'S STATEMENT OF CIRCUMSTANCES (Use reverse side if needed)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Records Review**

**Prior Citations / Voids** \_\_\_\_\_

\_\_\_\_\_ CITATION MAY BE **VOIDED** BASED ON THE CIRCUMSTANCES

\_\_\_\_\_ CITATION TO **REMAIN IN FORCE**, REQUIRING PAYMENT OR COURT APPEARANCE

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Comments \_\_\_\_\_

**RECORDS OFFICE USE ONLY**

Your request for review of citation IT \_\_\_\_\_ has been complied with. The following is the recommendation of the review:

\_\_\_\_\_ Request has been approved and the **Citation Will Be Voided.**

\_\_\_\_\_ Request has been DENIED, requiring **full payment or court appearance.**

You may call the Itasca Records Department at 630-228-5711 to request a court date.