



# 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: \_\_\_\_\_

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 \_\_\_\_\_

.....

To: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Citation No. GL \_\_\_\_\_

\_\_\_\_\_

**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 by \_\_\_\_\_ . If payment is received after this date a \$15.00 late fee will be added.

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