



(PLEASE PRINT)

Violation Notice No. _____ Today's Date & Time: _____

Name of person requesting hearing: _____

Street Address: _____

City, State and Zip Code: _____

Daytime Telephone Number: _____

Statement/Testimony: _____

Copies of documentation attached? Yes No

I swear that the above is a true and accurate statement. I understand that I have waived my right to an in-person hearing and that the hearing officer will make his decision with the documentation I have provided. I also understand that **the decision of the hearing officer is final, and there is no appeal.**

Signature

Instructions: Please complete this form and attach any copies of documents to substantiate your statement. When completed, please mail to: Parking Ticket Section, Schaumburg Police Department, 1000 W. Schaumburg Road, Schaumburg, IL 60194-4198.