



Willowbrook Police Department

7760 Quincy Street
Willowbrook, IL 60527-5594

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Chief of Police

Lauren Kaspar

REQUEST FOR REVIEW OF CITATION

CITATION NO. WL _____

CITATION 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 my request is denied. I have indicated below the circumstances which I feel should be brought to the attention of the Officer and I am requesting that my citation be voided based on those circumstances. COMPLAINANT MUST RETAIN THE CITATION DURING THIS REVIEW PROCESS!

NAME: _____ TELEPHONE NO. (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICER'S STAR NO. _____ VIOLATION: _____

COMPLAINANT'S STATEMENT OF CIRCUMSTANCES (USE REVERSE SIDE IF NECESSARY) _____

SIGNATURE _____ DATE: _____

Your request for review of local citation has been complied with. Following is the recommendation of review:

_____ Request has been APPROVED based on the circumstances presented. THE CITATION WILL BE VOIDED.

_____ Request has been DENIED, requiring payment of the fine as indicated on the citation or court appearance.

SIGNATURE _____ DATE: _____

Deputy Chief or Chief of Police