



# Willowbrook Police Department

7760 Quincy Street  
Willowbrook, IL 60527-5594

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www.willowbrookil.org



**Chief of Police**

Robert R. Schaller

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

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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