



Request for a Hearing - Parking Ticket

City of Beloit • Municipal Court
100 State Street, Beloit, WI 53511
Office: (608) 364-6613 Fax (608) 364-6642

FOR DEPARTMENT USE ONLY

INSTRUCTIONS: Complete this form in its entirety. This form must be filed with the Municipal Court, 2nd floor, City Hall, 100 State Street, Beloit WI 53511

Date of Ticket: Parking Ticket Number: License Plate Number:

Vehicle Owner Information

Name: Phone: Address: City/ST/Zip:

Vehicle Operator Information (if different than Owner)

Name: Phone: Address: City/ST/Zip:

Reason for Requesting Hearing

Instructions: State the reason why you are requesting a hearing. Please be as specific as possible and attach any documentation that you may have to support your case.

Empty text area for providing the reason for requesting a hearing.

Authorization

By signing this form, I am requesting a hearing to discuss the above-referenced parking ticket with a representative of the City Attorney's Office. I understand that this hearing is a courtesy granted by the City of Beloit and that if, after the hearing, I still wish to challenge the parking ticket, a citation will be issued in order to have the matter officially heard in Beloit Municipal Court. I understand that as long as I appear at the hearing that no additional penalties will be assessed for requesting this hearing. If I fail to appear, I understand the provisions of section 13.25 of the Code of General Ordinances of the City of Beloit will control the disposition of the above-referenced ticket.

Owner/Operator Signature: Date: