



Parking Ticket Contest Form

I _____, hereby would like to contest parking ticket number
(Defendants name)

_____ Violation: _____

I am requesting an initial court appearance to speak to the Judge. I understand that by requesting this, I waive my right to two notices pursuant to Section 345.28 of the WI State Statute. I, likewise, realize that in the event I fail to appear at any subsequent appearance, or I am found guilty of this offense and fail to pay the required forfeiture, the Municipal Court may suspend my driving privileges and/or suspend my vehicle registration. I understand that the court may assess costs against me if I am found guilty of this violation.

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Date of Birth: _____

Social Security #: _____ Driver's License #: _____

- Yes, I am the registered owner of the vehicle
 No, I am not the registered owner of the vehicle
 Yes, I have notified the DOT of the sale of this vehicle

Signature: _____ Date: _____