City of Madison – Police Department
Parking Ticket Review Form

Instructions: Please **do not send in the original ticket.** On the below form, please articulate the reasons you believe the ticket was issued **in error**. You should include the related circumstances and conditions that existed when you parked, and the ticket was issued. Please include any documentation you wish considered during the review. *Documentation may include a copy of a handicapped permit, the residential parking permit number, a signed letter from the Private Parking manager/owner on their letterhead dismissing the ticket, proof of mechanical repair or medical emergency.* **No late fees will accumulate during the review process.** You will be contacted with the decision after the Department's review.

General Information: (An *asterisk indicates a required field)

First Name:*_____
Last Name:*_____
Home Address:*_____
_____
Phone: _____-_____-_____
Email:*_____
Parking Ticket Number:* _____

Why do you think the ticket was issued in error? (An *asterisk indicates a required field)

Please describe why you believe this ticket was issued in error:*_____
_____
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Please mail form to:
Madison Police Department
Traffic-Parking Ticket Review, Rm. GR21
211 Carroll St.
Madison, WI 53703