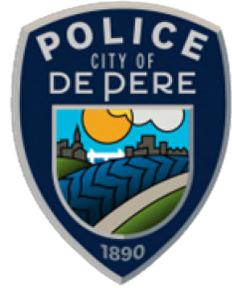


# CITY OF DE PERE

## Police Department



325 S. Broadway Street, De Pere, WI 54115 | <https://www.deperewi.gov>

Email: [dppd@deperewi.gov](mailto:dppd@deperewi.gov)

Phone: [920-339-4078](tel:920-339-4078)

### PARKING CITATION CONTEST FORM

I, \_\_\_\_\_, hereby plead **Not Guilty** to parking citation number \_\_\_\_\_ in Municipal Court.

I understand that by requesting this challenge, I waive my right to two notices pursuant to Section 345.28, Wisconsin Statute. I likewise realize that in the event I fail to appear at any subsequent appearances, or I am found guilty of this offense and fail to pay the required forfeiture, the Municipal Court can issue a warrant for my arrest and suspend my driving privileges. I understand that the court may tax costs against me if I am found guilty of this violation.

I hereby waive my Initial Appearance and plead **NOT GUILTY** and understand that the Municipal Court will notify me of my trial date by mail.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Plate Number: \_\_\_\_\_

Yes, I am the registered owner of the vehicle.

No, I am not the registered owner of the vehicle.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please Email to: [dppd@deperewi.gov](mailto:dppd@deperewi.gov)

OR mail to: De Pere Police Department

Attn: Police Business Manager

325 S. Broadway Street

De Pere, WI 54115