

CITY OF DE PERE

Police Department

325 S. Broadway, De Pere, WI 54115 | 920-339-4080 | www.de-pere.org



PARKING CITATION CONTEST FORM

_____, hereby plea 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 appearance 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 or suspend 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 plea **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 _____

Yes, I am the registered owner of the vehicle.

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

Date _____

Print name _____

Signature _____

Please mail to: De Pere Police Department
Attn: Business Manager
325 S. Broadway St
De Pere, Wisconsin 54115

Or fax to: 920-339-4082