PARKING TICKET CONTESTMENT FORM

To appeal a parking citation issued by the County of La Crosse, please fill out this form and return the completed form by mail to:

FACILITIES DEPARTMENT, 212 6TH ST. N., ROOM 1800, LA CROSSE, WI 54601-3355.
Or: E-mail saved copy to: facilities@lacrossecounty.org
Or: Fax to: 608-785-5714

Your Name: ____________________________
Address: _______________________________
City, State, Zip: ________________________ Phone: _______________________
Email Address: _________________________

Date Citation Issued: __________________ Citation Number: _______________________
Meter Number (Violation Location): __________________ License Plate #: _________________

Please write a brief statement explaining why you feel you should not have to pay this ticket:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature: _____________________________ Date: ____________

(office use only)
NOT VOIDED ______ Date: __________________ By: _________________________
VOIDED ______ Date: __________________ By: _________________________

Facilities Department Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________