



**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 6<sup>TH</sup> ST. N., ROOM 1800, LA CROSSE, WI 54601-3355.

Or: E-mail saved copy to: [facilities@lacrossecounty.org](mailto: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:

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(office use only)

**NOT VOIDED** \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**VOIDED** \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Facilities Department Comments:

\_\_\_\_\_  
\_\_\_\_\_  
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