

MORTON GROVE POLICE DEPARTMENT

REQUEST FOR A HEARING BEFORE THE ADMINISTRATIVE HEARING OFFICER

Petitioner Information

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone #: _____ E-mail Address: _____

Violation Information

Date of Violation: _____ Citation #: _____

Description of Violation: _____

Fine Amount: _____ Due Date: _____

I, _____, hereby request that a hearing be set before the Village of Morton Grove Administrative Hearing Officer for the purpose of contesting the citation listed above. I understand and acknowledge that failure to appear at the hearing could result in a default judgment entered against me for the maximum fine allowable by ordinance plus any court costs. I also understand that additional legal action may include the immobilization of any vehicle registered under my name and/or the suspension of my driver's license.

Date: _____ Signed: _____
(Must be signed by the individual who received the citation)

* * * * *

| HEARING DATE AND TIME | | | |
|---|------|------|------------------|
| Month | Date | Year | Hour |
| | | | 9:00 A.M. |
| HEARING LOCATION | | | |
| VILLAGE OF MORTON GROVE 6101 CAPULINA AVENUE, MORTON GROVE, IL 60053 | | | |