



PARKING TICKET CONTESTMENT FORM

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

FACILITIES DEPARTMENT, 400 4TH ST. N., ROOM 1370, LA CROSSE, WI 54601.

Or: E-mail to: facilities@lacrossecounty.org

Or: Fax to: 608-785-5714

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

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: _____

NOT VOIDED _____

Date: _____

By: _____

VOIDED _____

Date: _____

By: _____

Facilities Department Comments:
