



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, 212 6TH ST. N., ROOM 1800, LA CROSSE, WI 54601.
Or: E-mail to: facilities@lacrossecounty.org 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:

