



Village of Carol Stream POLICE DEPARTMENT

500 N. GARY AVENUE • CAROL STREAM, ILLINOIS 60188-1899
EMERGENCY (911) • NON-EMERGENCY (630) 668-2167 • FAX (630) 668-2397
www.carolstream.org

DEPT. USE ONLY
Received by: _____
Today's Date: _____
Copy to complt: _____
Copy to File: _____
Issuing Officer's Name _____

Name _____	Home Phone No. _____	
Address _____		
City _____	State _____ Zip _____	
-----Fold Line -----Fold line-----Fold Line----- Fold Line-----		
ORIGINAL CITATION TO BE RETAINED BY THE COMPLAINANT – DO NOT ATTACH		
Officer/CST Badge # _____	Citation # _____	Date Issued _____

I hereby request review of the above-referenced citation. I understand that filing this request does not guarantee that the citation will be invalidated. In the event my request is denied, I will be responsible for payment of fine or can request a court date for judicial review. I am requesting the citation be voided based upon the following reason: _____

Signature _____ Date _____

DEPT USE ONLY **REVIEW RESULTS***** DEPT USE ONLY**

Issuing Officer/CST : _____	
Recommend Void: _____	Recommend Not to Void: _____
Reason for Recommendation: _____	
Supervisor: _____	
Recommend Void: _____	Recommend not to Void: _____
Reason for Recommendation: _____	

Your Request for Review of Citation # _____ has resulted in the following Action:

- Request has been **APPROVED** and the citation will be voided.
- Request has been **DENIED** and payment of fine is required or a court date may be requested

Administrator's Signature _____ Date _____

