

ROLLING MEADOWS POLICE DEPARTMENT

3600 KIRCHOFF ROAD • ROLLING MEADOWS, ILLINOIS 60008 • 847-255-2416 • FAX 847-506-0297

You are to complete the three lines listed below with your name, address, city, state and zip code. This is a self-mailing form. If this information is not completed correctly, you will not receive a reply and will be liable for all fines and late fees.

Ticket # P _____

The purpose of this form is so that you may communicate with the officer or his representative who issued the ticket. It is designed for situations where you had limited or no communication with the officer who issued the ticket. Completion of this form **DOES NOT** relieve you of any fines or penalties associated with this ticket. You will be notified within 10 days of a **FINAL** disposition.

MEDIATION IS NOT POSSIBLE AFTER THE FINAL DUE DATE

State reason for this request: _____

Your signature: _____ Date: _____

POLICE DEPARTMENT USE ONLY

Officers comments: _____

DISPOSITION OF COMPLAINT

_____ **WARNING** - No fine, No further prosecution.

_____ **REFERRED FOR PAYMENT** - Amount Due \$ _____ Due Date : _____

Officers signature : _____ Date: _____ Supervisor: _____