

**Request for Administrative Hearing**

Village of Shorewood Police Department  
903 W. Jefferson St.  
Shorewood, IL 60404  
Phone (815)725-4636 · Fax (815)730-8880



RE: A.C.T. # \_\_\_\_\_

I, \_\_\_\_\_, hereby contest Administrative Compliance Ticket #  
\_\_\_\_\_ issued on \_\_\_\_\_, 20\_\_\_\_\_ and (check one):

\_\_\_\_\_ Request an administrative hearing within five (5) days of receipt of this request.

\_\_\_\_\_ Waive my right to a hearing within five (5) days and request a hearing on  
\_\_\_\_\_, 20\_\_\_\_\_.

Name: \_\_\_\_\_  
(Print full name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**NOTICE OF ADMINISTRATIVE HEARING**

Your hearing has been set for \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_ o'clock, at:

\_\_\_\_\_ The Shorewood Village Hall Administrative Offices

\_\_\_\_\_ The Shorewood Police Department Administrative Office

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

*RECORDS: ATTACH COPY OF ACT*