

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