



Oakwood Hills Police Department

3020 North Park Drive
Oakwood Hills, Illinois 60013

Administrative: 815-444-9456
Non-Emergency: 815.444.9453
Fax: 815-444-9445

Email info@oakwoodhills.org

Chief of Police
Raymond E. Cordell

Guidelines for Disputing a Ticket

The owner/operator must provide evidence **that the violation was not committed or occurred due to circumstances beyond the owner/operator's control. Valid documentation of the evidence must be provided when the appeal is submitted. The following reasons are considered INVALID as a basis for appeal:**

- Lack of knowledge of the parking regulations
- Failed to read the posted signs
- Only parked illegally for a short period of time
- Failure by the parking officer to ticket vehicle previously for similar offenses
- Late an appointment
- Inability to pay the amount of the fine
- No other place to park

If you question the validity of your ticket for a reason other than stated above, fill out a P-Ticket Review Form. Your request will be forwarded to the police department for final determination. Matters will be processed in the order in which they were received. Please allow 30 days for a response; after 30 days, please call the Village Clerk at (815) 444-9435 for status. If the ticket is ruled INVALID, you will receive a response notifying you that the ticket is void, and any payment you have made will be refunded. If the ticket is ruled VALID, you will receive a response notifying you of why the ticket is valid, and you will have seven (7) days from the date of the response to pay the ticket.



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P- Ticket Review Form (Appeal)

Instructions: Please do **not** send in the original ticket. On the below form, please articulate the reasons you believe the ticket was issued **in error**. You should include the related circumstances and conditions that existed when you parked, and the ticket was issued. Please include any documentation you wish considered during the review. Documentation may include a copy of a handicapped permit, the residential parking permit number, and proof of mechanical repair or medical emergency. **No late fees will accumulate during the review process.** You will be contacted with the decision after the Department's review.

General Information: (An asterisk* indicates a required field)

First Name*:

Last Name*:

Home Address*:

City/State/Zip*:

Phone*:

Email:

Date of Appeal*:

Parking Ticket Number*:

Please describe why you believe this ticket was issued in error*:

Note: Appeals will not be accepted if made after 30 days of the day of issuance of the parking ticket.