



VILLAGE OF BARTLETT REQUEST FOR LOCAL ADJUDICATION HEARING



CITATION NUMBER _____ **CITATION ISSUE DATE:** _____

COMPLAINANT MUST RETAIN THE CITATION DURING THE REVIEW PROCESS

NAME _____ **PHONE** _____

EMAIL ADDRESS: _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

OFFICER'S STAR # _____ **VIOLATION** _____

COMPLAINANT'S STATEMENT OF CIRCUMSTANCES (USE REVERSE IF NEEDED)

SIGNATURE **X** _____ **DATE** **X** _____

RECORDS CLERK: COMPLETE THE LOCAL ADJUDICATION HEARING DATE/TIME

BELOW AND GIVE A COPY TO REQUESTER.

You have requested a Local Adjudication Court Date:

HEARING DATE: _____

TIME: _____

PLACE: Village Of Bartlett
Council Chambers
228 South Main Street
Bartlett, IL 60103

FOR INTERNAL USE ONLY

RECORDS: COURT DATE ASSIGNED BY: # _____	L A DATABASE UPDATED BY: # _____	OCCURRENCES <input type="text"/>
L A CHECKLIST DONE BY: # _____	VERIFIED CASE IS COMPLETE FOR HEARING BY # _____	FINDINGS DB
UPDATED BY # _____	FILED BY # _____	