



**PETITION FORM
RED LIGHT VIOLATION PROGRAM**

Name: _____

Address: _____
 Number Street Apt. City Zip

Home Phone: _____ Cell: _____ Email: _____

Violation Notice #: _____ License Plate: _____ State: _____

1. Explain why a reply was not sent prior to the "Pay or Contest by Date"?

2. State why the request to contest should be heard.

Attach additional pages if necessary.

Signature

Date

SUBMIT MATERIALS TO:

**MARKHAM POLICE DEPARTMENT
16313 KEDZIE PARKWAY
MARKHAM, IL 60428**