

# LEMONT POLICE DEPARTMENT

## Request to Change Hearing Date

Name \_\_\_\_\_ Date Issued \_\_\_\_\_  
Address \_\_\_\_\_ Today's Date \_\_\_\_\_  
City \_\_\_\_\_ Plate Number \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Ticket (s) # \_\_\_\_\_

**Please provide an explanation as to why a change in the hearing date is being requested:**

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Please note: You will be notified by mail in 7 to 10 working days of the decision. Meanwhile, the Hearing Date is upheld until you receive your response.

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**DO NOT WRITE BELOW THIS AREA / DEPARTMENT USE ONLY**

Complainant Name: \_\_\_\_\_ Complainant Phone #: \_\_\_\_\_  
Complainant Address: \_\_\_\_\_  
Complainant notified of change on: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: Mail \_\_\_\_\_ or Phone \_\_\_\_\_

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Date & Time Request Filed \_\_\_\_\_ Clerk Signature: \_\_\_\_\_

### **DISPOSITION**

APPROVED - New Hearing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_: \_\_\_\_ a.m. / p.m.

UPHELD – You must appear as scheduled on the date and time stated on your citation.

Date Approved / Upheld \_\_\_\_\_ Response Mailed on \_\_\_\_\_

Approved by \_\_\_\_\_