



Lincoln Police Department

PO Box 488, 148 Main Street, Lincoln NH, 03251 (603)745-2238 FAX (603)745-8694

Request for Administrative Review

Claimant	Name		Date of Claim																								
	Address		Daytime Phone #																								
	City		State																								
Ticket	Ticket #		Issued by: (Officer's Name)																								
	Date of Violation		Violation Charged																								
Reason for Claim	Describe the reason for the claim (attach any Corroborating documents)																										
	<p>This Application is signed under penalty of unsworn falsification pursuant to RSA 641:3</p> <p>X _____</p> <p><i>Claimant's Signature</i></p>																										
Notice	Please retain your copy of the Ordinance Violation ticket. The Chief of Police or his designee will review this matter. You will be notified by mail at the address indicated on this form of the outcome of this review. Generally, fines increase after the due date indicated on the Ordinance Violation Ticket. This Request for Administrative Review form stops the increases in fines while the matter is being reviewed. During the process you may receive a past due notice from the Lincoln Police Department. This is an automatically generated notice. Any late fees will be waived until after the review of the Ordinance Violation if approved.																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Officer Receiving Claim</td> <td style="width: 30%;">Date & Time Received</td> <td colspan="2">Request Route to: <input type="checkbox"/> Chief of Police</td> </tr> <tr> <td colspan="4">Officer's Comments:</td> </tr> <tr> <td colspan="4">Chief of Police's Comments:</td> </tr> <tr> <td colspan="2">Claim Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2">Chief of Police's Signature:</td> </tr> <tr> <td colspan="2">Date Letter Sent:</td> <td>Letter Sent By:</td> <td>Date Final Notice Sent:</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Notice Sent By:</td> </tr> </table>				Officer Receiving Claim	Date & Time Received	Request Route to: <input type="checkbox"/> Chief of Police		Officer's Comments:				Chief of Police's Comments:				Claim Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chief of Police's Signature:		Date Letter Sent:		Letter Sent By:	Date Final Notice Sent:			Notice Sent By:
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