



PARKLaCrosse

A Division of La Crosse Police Department
(608) 789-7295 | 400 La Crosse Street, La Crosse, WI 54601 | parking@cityoflacrosse.org



CITY OF LA CROSSE PARKING CITATION PAYMENT PLAN REQUEST

Vehicle's Registered Owner (Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

PLATE NUMBER(S)	CITATION NUMBER(S)	CITATION NUMBER(S)

Please provide a brief explanation of reasoning for an approved payment plan:

Down payment amount: \$ _____ # of Payments: _____ Monthly amount due: \$ _____

Start Date: _____ End Date: _____

*****FOR OFFICE USE ONLY*****

____ Approved by Parking Utility ____ Denied by Parking Utility

____ Approved by Legal Department ____ Denied by Legal Department

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Date and signature of Parking Utility Representative/Date and signature of Legal Representative