

Wisconsin Dells Municipal Court

300 La Crosse Street Wisconsin Dells, WI 53965 (608) 254-2442 wmassey@dellscitygov.com

MOTION TO REOPEN

| Full Name: | |
|---|---------------------|
| Mailing Address: | |
| Email: | |
| Telephone Number: | |
| Citation Number(s) and Offense: | |
| | |
| | |
| The reason I didn't appear in Court and am reque | sting to reopen is: |
| | |
| | |
| | |
| I understand I will have to prove the reason I am re to grant this request. If it is not reopened, I am st \$50 case reopening deposit. | |
| Defendant Signature | Date |
| ☐ APPROVED | |
| ☐ DENIED | |
| | |
| Brian I Landers Municipal Judge | |