ILLINOIS SECRETARY OF STATE
POLICE

LAW ENFORCEMENT DISABILITIES PLACARD CONFISCATION REPORT

Date of Offense: _____

Time of Offense: _____

Offending Party: Name: _____

Address: _____

Driver's License Number: _____ Date of Birth: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____ Plate #: _____

Type of Offense: ☐ Not Authorized ☐ Altered ☐ Fraudulently Manufactured

Placard Number: _____ Issuing State: _____

Citation Issued: ☐ YES ☐ NO

Citation Number: _____ Case Number: _____

Issuing Department: _____

Placard Seized and Attached: ☐ YES ☐ NO

Narrative: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ DEPARTMENT

_____ PRINTED NAME AND BADGE NUMBER

_____ SIGNATURE OF OFFICER

Forward to: Special Plates Division at 501 S. Second Street, Room 520, Springfield IL 62756

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