



West Chester University

PARKING TICKET APPEAL FORM



License Plate# _____ State: _____ Permit# _____ Ticket# _____

First Name: _____ Last Name: _____

Address where you would like the appeal/denial letter sent to: Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____ WCU ID# _____

Permit Type:

- | | | | |
|------------------------------------|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> No Permit | <input type="checkbox"/> S. Campus Apts. | <input type="checkbox"/> Q and R | <input type="checkbox"/> Contactor |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Village Apts. | <input type="checkbox"/> R only | <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Commuter | <input type="checkbox"/> North Resident | <input type="checkbox"/> College Arms | <input type="checkbox"/> Other |

The following reasons are not considered sufficient grounds for an appeal:

- Forgetfulness
- Failure to display permit
- Unavailability of parking spaces
- Short parking duration
- Inability to see sign
- Insufficient funding to pay ticket

Nature of Appeal – In the space below, state with clarity all reasons and basis for level 1 appeal.

I hereby certify that the above is a true and accurate statement of my appeal.

Signature _____ Date _____

OFFICE USE ONLY – Do not write in this space.

LEVEL 2 APPEAL DECISION: _____ Granted Denied

Parking Appeals Director Signature: _____ Date: _____

Appeal must be filed within 10 (ten) days of issue date.

Second Level Appeal Form

Nature of Appeal – In the space below, state with clarity all reasons and basis for level 2 appeal.

I hereby certify that the above is a true and accurate statement of my appeal.

Signature _____ Date _____

OFFICE USE ONLY – Do not write in this space.

LEVEL 2 APPEAL DECISION:

Granted

Denied

Parking Appeals Director Signature: _____ Date: _____

THE DECISION OF THE PARKING COMMITTEE IS FINAL