

West Chester University
Parking Citation - Appeal Form

TO: Public Safety Parking Services Office
690 South Church Street
West Chester, PA 19383
safety@wcupa.edu

FROM: Name: _____
Address _____
Phone: _____
Email: _____
WCU ID # or SS # _____

Vehicle Information:

License Plate Number: _____ State: _____ Permit Number: _____

Permit Type:

- | | | | |
|---|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Commuter | <input type="checkbox"/> Resident | <input type="checkbox"/> Q/R Commuter |
| <input type="checkbox"/> Q/R Resident | <input type="checkbox"/> S. Campus Apts. | <input type="checkbox"/> Limited | <input type="checkbox"/> R Lot ONLY |
| <input type="checkbox"/> Motorcycle/Conv. | <input type="checkbox"/> No Permit | <input type="checkbox"/> Other | |

Citation Information

Citation #: _____ Date Issued*: _____
Violation: _____ Location: _____

*All appeals must be submitted on this official form to the Public Safety Department within ten (10) calendar days of date issued.

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 the signs | • Insufficient funding to pay ticket |

Level 1 Appeal

Please print or type the nature of your appeal. Be specific and include diagrams or other supportive information to explain the reason for your appeal. Use additional paper if necessary.

Signature: _____

Date: _____

OFFICE USE ONLY:

Level 1 Appeal - Decision

Date received _____ Appeal: ☐ Granted ☐ Denied

Signature of Parking Appeal Director: _____

Basis for the Decision:

The Parking Committee Chairperson must receive the appeal within ten (10) days of Level 1 appeal decision.

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Level 2 Appeal

Please print or type the nature of your appeal. Be specific and include diagrams or other supportive information to explain the reason for your appeal. Use additional paper if necessary.

Signature: _____

Date: _____

OFFICE USE ONLY:

Level 2 Appeal – Final Decision

Date received _____ Appeal: ☐ Granted ☐ Denied |

Signature of Parking Appeal Director: _____

Basis for the Decision:

THE DECISION OF THE PARKING COMMITTEE IS FINAL