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:

☐ Employee ☐ Commuter ☐ Resident ☐ Q/R Commuter
☐ Q/R Resident ☐ S. Campus Apts. ☐ Limited ☐ R Lot ONLY
☐ Motorcycle/Conv. ☐ No Permit ☐ 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
• Short parking duration
• Failure to display permit
• Inability to see the signs
• Unavailability of parking spaces
• 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.
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