Arcadia University Department of Public Safety
Parking Appeals Form

Instructions:
1. Please complete all blanks on this form.
2. Attach your ticket(s) to this form when finished.
3. Submit form within 5 days of receiving ticket.
   (If longer than 5 days, please note in body of appeal).

Name: __________________________________________  Today’s Date: _______________________

Guest/Visitor Name: ________________________________________________________________________

Student ID # ___________________________________  Cell Phone: ____________________________

Campus Address: ___________________________________________________________________________
   or
Home Address: ___________________________________________________________ (Street, City, State, Zip Code)

Circle One
Student  Faculty  Staff  Visitor  Guest

Ticket Information

Ticket Number(s): _____________________________  Date(s) Ticket Issued: _______________________

Parking Permit Number: _______________________  License Plate Number on Vehicle: _____________

Describe your reason for Appeal below:  (If more space is needed, use reverse side).
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

When finished with this form, please drop it off at the Public Safety Office located in the basement of Dilworth
Hall or the Castle front desk. If you wish to send it by mail, please send to the address below.

Parking Appeals Committee
Arcadia University
Department of Public Safety/ Dilworth Hall
450 S. Easton Road
Glenside, PA  19038

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