Arcadia University Department of Public Safety
Parking Appeals Form

APPEAL

TICKET #_____
_____ Approved
_____ Denied
_____ Excused
_____ Voided

TICKET # _____
_____ Approved
_____ Denied
_____ Excused
_____ Voided

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