



# Department of Public Safety Parking Appeals Form

<b>APPEAL</b>	
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/ Faculty/Staff 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).

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Please return this form to the Public Safety Office located in the lower level of Dilworth Hall or email to Director Evans at [evansr@arcadia.edu](mailto:evansr@arcadia.edu).

Attn: Parking Appeals Committee  
Arcadia University  
Department of Public Safety/ Dilworth Hall 1<sup>st</sup> floor  
450 S. Easton Road  
Glenside, PA 19038