

DOWNINGTOWN POLICE DEPARTMENT
PARKING VIOLATION APPEAL FORM

NOTE TO APPLICANT:

- (1) PLEASE FILL IN FIELDS WITH DATA FROM YOUR TICKET. (DO NOT SEND TICKET IN WITH APPEAL)
- (2) PLEASE WRITE LEGIBLY. IF YOUR APPEAL IS NOT LEGIBLE, YOUR APPEAL WILL AUTOMATICALLY BE DENIED.
- (3) BY SIGNING THIS FORM, YOU AGREE TO THESE TERMS.
- (4) RETURN TO: *DOWNINGTOWN POLICE DEPARTMENT, 10 W. Lancaster Avenue, Downingtown, PA 19335* or email to dformica@downingtown.org

Ticket #: _____

Location: _____

Date Ticket Issued: _____

Registration of Ticketed Vehicle: _____ (License Plate) State of Registration: _____

Registered Owner's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Reason for the Appeal: _____

Please use reverse side if needed

Signature: _____ Date: _____

YOU MUST SUBMIT YOUR APPEAL WITHIN SEVEN (7) DAYS OF THE TICKET DATE. YOUR APPEAL WILL BE REVIEWED WITHIN FIVE (5) DAYS. FOLLOWING THE REVIEW OF YOUR APPEAL, A DECISION WILL BE FORWARDED TO YOU BY U.S. MAIL. YOUR PENALTY WILL NOT INCREASE DURING THE APPEAL PROCESS. YOU MAY ONLY APPEAL A TICKET ONCE. APPEALS WHICH HAVE BEEN PREVIOUSLY DENIED WILL NOT BE REVIEWED AGAIN. BY SIGNING THIS FORM, YOU AGREE TO THESE TERMS.

BELOW FOR OFFICE USE ONLY

_____ Appeal Granted

_____ Appeal Denied

Signature: _____ Date: _____

Notes: _____