

Penn State University Parking Violation Form  
FACE VALUE OF TICKET IS REQUIRED TO BE PAID UPON  
APPEALING ALL TICKETS

ALL APPEAL DECISIONS ARE FINAL

**INSTRUCTIONS:** Please **print clearly** the information requested below, and return, **with payment**, to the University Parking Office, 1 Eisenhower Parking Deck, University Park, PA 16802 **within twenty (20) calendar days of the date of violation**. The parking ticket (or a copy) must be included. The person appealing the violation will be notified via mail of the Appeals Committee's decision. Please note our website at [www.transportation.psu.edu](http://www.transportation.psu.edu) for parking regulations and information. **Illegible appeals will be rejected.**

The following are **NOT** acceptable grounds for appeals:

- |                            |                                                |                                 |
|----------------------------|------------------------------------------------|---------------------------------|
| • Lack of Space            | • Only parked illegally for a few minutes      | • Inconvenient assigned area    |
| • Financial hardship       | • Handicap violation (no state issued placard) | • Expired Meter                 |
| • Ignorance of regulations | • Running late                                 | • Unread or misunderstood signs |
| • Bad weather or darkness  | • Expired meter                                | • Unregistered vehicle          |

Type:  Faculty/Staff    Student    Visitor    Construction/Service

Have you appealed parking tickets previously?    Yes    No

Ticket # \_\_\_\_\_ State: \_\_\_\_\_

License # \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Appellant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Phone: \_\_\_\_\_

Basis of Appeal: \_\_\_\_\_

I certify that the above statement is true to the best of my knowledge. Illegible appeals will be rejected.

\_\_\_\_\_  
(Signature--required for all applicants)

**OFFICE USE ONLY**

Date sent to committee: \_\_\_\_\_ Return Date: \_\_\_\_\_

*Committee decision:*

Member 1: \_\_\_\_\_

Member 2: \_\_\_\_\_

Member 3: \_\_\_\_\_

Decision:  Pay    Cancel    VSPS/Warn    Reduced to: \$ \_\_\_\_\_    Due Date: \_\_\_\_\_