

RETURN FORM TO: DOWNINGTOWN POLICE DEPARTMENT
PARKING ENFORCEMENT
10 WEST LANCASTER AVE.
DOWNINGTOWN PA 19335

PARKING VIOLATION APPEAL FORM

Please complete the following information:

NAME _____
Last First Middle Initial

ADDRESS _____

PHONE Area Code () _____

LICENSE NUMBER (on parking ticket) _____

NAME OF PERSON TO WHOM THE VEHICLE IS REGISTERED:

TICKET NUMBER _____

DATE TICKET WAS ISSUED _____

VIOLATION ON TICKET _____

Please describe below your reason for appeal:

Please sign your name below

Date _____

The decision regarding your ticket will be mailed to you within five (5) working days

FOR OFFICIAL USE ONLY

Form Reviewed by: _____ Date: _____
Decision: Ticket Valid: _____ Dismissal Recommended: _____
Results Mailed by: _____ Date: _____