

DOWNINGTOWN POLICE DEPARTMENT  
PARKING VIOLATION APPEAL FORM



- Appeals must be submitted within 7 days from the date of the ticket.
- The decision will be mailed to you within 10 work days of receipt of the appeal. 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.

Submit form to Downingtown Police Department, 10 W. Lancaster Avenue, Downingtown, PA 19335. You may also submit by email to [parking@downingtown.org](mailto:parking@downingtown.org)

PLEASE PRINT LEGIBLY

Ticket Number \_\_\_\_\_

Date Ticket Issued \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

Registered Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**REASON FOR APPEAL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

*I certify that the details of my appeal are true and accurate.*

**FOR OFFICE USE ONLY**

**DISPOSITION:**      **VOIDED** \_\_\_\_\_      **APPEAL DENIED** \_\_\_\_\_ (PAYMENT DUE)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_