

COMPLETED FORMS SHOULD BE SENT TO THE WCSU POLICE DEPARTMENT, ROBERTS AVENUE OR  
PARKING OFFICE, WESTSIDE CLASSROOM BUILDING, WS247D



**WESTERN**  
CONNECTICUT  
STATE UNIVERSITY

PARKING VIOLATION APPEAL FORM  
Western Connecticut State University  
Police Department

Any Western Connecticut State University parking violation may be appealed within **5 business days** from the date of issuance. After an appeal has been filed, fines will not be due until the appeal has been adjudicated. *PLEASE FILL OUT CLEARLY AND COMPLETELY*

Name \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Dorm/Room \_\_\_\_\_

Date of Violation \_\_\_\_\_ Ticket # \_\_\_\_\_

License Plate # \_\_\_\_\_ Parking Permit # \_\_\_\_\_

Student  Employee  Visitor  Other \_\_\_\_\_ Location \_\_\_\_\_

**REASON FOR APPEAL:** *Provide specific and verifiable facts; include diagrams which substantiate your appeal on the back of this form.*

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

*I certify that the above statement is true and accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Date Appeal Filed \_\_\_\_\_

*You will receive written notification from the Parking Violation Appeal Committee regarding the status of your appeal.*

.....  
*For Office Use Only*

Appeal accepted  Appeal rejected  Amount reimbursed \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_