

IN THE BELLEFONTAINE MUNICIPAL COURT

Name of Petitioner

Case No. _____

Full Street address w/ Apt. No.

BMV Case No. _____

City/State/Zip Code

Policy No. _____

Phone # w/ area code

Date of Birth _____

Social Security # _____

vs.

APPEAL OF B.M.V. SUSPENSION

**Registrar, Bureau of Motor Vehicles
Driver's License Division
P. O. Box 16520
Columbus, OH 43266-0020**

I hereby appeal the attached notice of suspension from the Bureau of Motor Vehicles for the following reasons:

Signature of Petitioner

Date