

IN THE LAKEWOOD MUNICIPAL COURT

Name of Petitioner

Case No.: _____

Full Street Address

BMV Case No.: _____

City/State/Zip

Date of Birth: _____

Phone number

Social Security No.: _____

12 POINT APPEAL PETITION

VS

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

I hereby appeal the attached notice of suspension from the Bureau of Motor Vehicles for the following reason(s):

Signature of Petitioner

Date