

IN THE MUNICIPAL COURT OF TOLEDO, LUCAS COUNTY, OHIO

**PETITION FOR LICENSE SERVICES
Civil Division**

**Two of the four identifiers below
are required.**

Name

Address

City, State and Zip

Telephone Number

BMV Case Number

Driver's License Number

Date of Birth

-vs-

Last Four Digits of SSN

**State of Ohio
Bureau of Motor Vehicles
PO Box 16520
Columbus, Ohio 43216-6520**

**Now comes the Petitioner and states that the State of Ohio, Bureau of Motor Vehicles, has
suspended the Petitioner's Driver's License. Petitioner requests:**

_____ Reinstatement Fee Payment Plan for fees totaling \$ _____.

_____ Petitioner maintains they cannot reasonably pay the reinstatement fees associated
with the suspension(s)

_____ Limited Driving Privileges as the State of Ohio, Bureau of Motor Vehicles, issued a Notice
of Suspension effective _____ for the following reason(s):

_____ Non Compliance (No Proof of Insurance)

_____ DUI/Drug Offense out of State

Petitioner/Attorney Signature

Date