

**IN THE LAKEWOOD MUNICIPAL COURT**

\_\_\_\_\_  
**Name of Petitioner**

**Case No.:**\_\_\_\_\_

**BMV Case No.:**\_\_\_\_\_

\_\_\_\_\_  
**Full Street Address**

**Date of Birth:**\_\_\_\_\_

\_\_\_\_\_  
**City/State/Zip**

**Social Security No.:**\_\_\_\_\_

\_\_\_\_\_  
**Phone number**

**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**