

(b)

(c)

Proof of current insurance,

	Traffic Case No.
Appellant,	Civil Case No
vs.	}
	Notice of Appeal
Registrar	}
Bureau of Motor Vehicles	j j
P.O. Box 16520	}
Columbus, Ohio 43255-0020	}
	}
	}
*******	******
The undersigned Appeals the driver's lice	ense suspension previously imposed pursuant to Ohio
Revised Code 4511.191 and requests that the hea	aring on Appeal be continued.
** You need to bring	g with you the following **
(a) Civil filing fee	

Letter from employer on company letterhead stating days and hours of

employment, overtime if any and supervisor's name and phone number.

Appellant