

**IN THE MAUMEE MUNICIPAL COURT
REQUEST FOR LIMITED DRIVING PRIVILEGES**

**(which includes occupational, educational, vocational and medical purposes
as well as for the purpose of taking the driver's or commercial driver's license examination)
Section 4510.021 O.R.C.**

Name _____ **Case No.** _____

Address _____

City/State/Zip _____

Name of Employer _____

Name of Supervisor _____

Address of Employer _____

City/State/Zip _____

Nature of Employment (title, position, job description, etc.):

What days and hours of the week do you work? _____

Do you work overtime? _____ Yes _____ No

Do you operate a motor vehicle as part of your employment? _____ Yes _____ No

Any additional information: _____

Executed and signed this _____ day of _____, _____, who verifies that the
above statements are true.

Petitioner's Signature

Telephone Number