

PORTAGE COUNTY MUNICIPAL COURT
LINDA K. FANKHAUSER, CLERK OF COURTS
203 WEST MAIN STREET
RAVENNA, OHIO 44266
330-297-3639

REQUEST FOR DRIVING PRIVILEGES

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ BIRTHDATE: _____ SSN#: _____

EMPLOYER'S NAME AND ADDRESS: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

DAYS AND HOURS YOU ARE SCHEDULED TO WORK (PLEASE INCLUDE DRIVING TIME):

EDUCATIONAL/VOCATIONAL (NAME AND ADDRESS OF SCHOOL):

CURRENT SCHOOL SCHEDULE IS ATTACHED

MEDICAL: _____

OTHER: _____

INSURANCE COMPANY: _____

POLICY NUMBER (ATTACH PROOF OF INSURANCE) : _____

INSURANCE AGENT: _____ TELEPHONE NO: _____

INSURANCE COVERAGE PERIOD: _____

SIGNATURE

DATE