

# Perrysburg Municipal Court

Mary "Molly" L. Mack, Judge

300 Walnut Street  
Perrysburg, Oh 43551-1455  
Phone: (419) 872-7900  
Fax: (419) 872-7905  
www.perrysburgcourt.com

(Space Reserved for Court File Stamp)

- Application for  **Driving Privileges**  
 **Modification of Driving Privileges**  
 **Additional Driving Privileges**

Case Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Type of Suspension: \_\_\_\_\_

**Unlimited Driving Privileges with Ignition Interlock Device (IID) [1st time O.V.I. offender only]**

**Limited Driving Privileges**

• **Print Legibly.** If the form cannot be read or the information is not accurate or complete, the application may be denied.

• If more than one employer/school, must complete a separate application for each.

• The following documents **MUST BE ATTACHED:**

Proof of Insurance

Letter from employer, on company letterhead, verifying days and hours of work.

Class schedule verifying days and hours of classes.

1. **Employment:** **If privileges are granted, you must carry work schedule to be valid.**

Employer's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start (include travel time)							
End (include travel time)							

2. **Education:** **If privileges are granted, you must carry education schedule to be valid.**

School name: \_\_\_\_\_ Phone #: \_\_\_\_\_

School's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start (include travel time)							
End (include travel time)							

3. **Court Ordered/Medical Treatment:** **Reason for treatment:** \_\_\_\_\_

Provider's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Provider's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start (include travel time)							
End (include travel time)							

4. **Other:** \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start (include travel time)							
End (include travel time)							

The undersigned represents to the court that:

- I. If the court does not grant limited driving privileges, the license suspension would seriously affect his/her ability to continue employment, schooling, and/or treatment.
- II. Insurance is in effect and will be kept in effect as pre R.C. 4509.101.

**Notice: Giving false information on this application may result in personal penalties of imprisonment and/or fine.**

\_\_\_\_\_  
**Defendant's Signature**

\_\_\_\_\_  
**Date**

Will pick up Driving Letter at the Court

Please mail Driving Letter

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### Court Use Only

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**Limited Driving Privileges**

**Employment:**

**Approved**

**Denied**

**Education:**

**Approved**

**Denied**

**Court Ordered/Medical Treatment:**

**Approved**

**Denied**

**Other:**

**Approved**

**Denied**

**Unlimited Driving Privileges:**

**Approved**

**Denied**

**Ignition Interlock**

**Required**

**Restricted Plates**

**Required**

\_\_\_\_\_  
Judge Mary "Molly" Mack

\_\_\_\_\_  
Date