Instructions:

- You must file your appeal **within 30 days** of the date of denial of access to records.
- You will be Notified in writing of the results of your appeal.

What record(s) did you request that was denied? Describe here, or attach a copy of your original request and any DMV reply:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

State your reasons for appealing on the back of this form or attach your statement.

Fill in the information below (Type or print clearly)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Date of Denial (Mo./Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Name (if applicable)</td>
<td>Foil Request #</td>
<td></td>
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<tr>
<td>Mailing Address (Include Street &amp; No.)</td>
<td>City/Town</td>
<td>State</td>
<td>Zip Code</td>
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</table>

If you are represented by an attorney in this appeal, complete this section.

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Send your appeal to:

Department of Motor Vehicles
Appeals Processing Unit
P.O. Box 2935
Albany, New York 12220-0935

Be sure to complete the certification on Page 2 of this
Type or print the reason for your appeal:  Print or type the reason or basis for your appeal in the space provided below. Attach additional pages, if necessary. Read and sign the certification at the bottom of this page.

________________________________________________________    Date _______________________
(Sign name in full)

CERTIFICATION: I certify that the information I have given on this Appeal form is true, to the best of my knowledge.

Sign Here ♦ _________________________________ (Sign name in full) ________________________

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