



FOR OFFICE USE ONLY
Appeal Case Number

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)*

Last Name	First	M.I.	Date of Denial (Mo./Day/Year)
Corporate Name (if applicable)		Foil Request #	
Mailing Address (Include Street & No.)	City/Town	State	Zip Code

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

Last Name	First	M.I.	Date of Denial (Mo./Day/Year)
Corporate Name (if applicable)		Foil Request #	
Mailing Address (Include Street & No.)	City/Town	State	Zip Code

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 form

