Suggested Format For Filing An Appeal to the Los Angeles County Highway Safety Commission

Please type or print very neatly

| Date of Appeal: | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| Address your Appeal to: | Los Angeles County Highway Safety Commission Attention: Joaquin Herrera, Executive Officer P.O. Box 1460 Alhambra, California 91802-1460 |
| | |
| Full Name: | |
| Street Address or P.O. Box: | |
| City, State, Zip Code: | |
| E-Mail Address: | |
| Daytime Phone Number: | |
| - | |
| What you are appealing? | |
| | |
| Body of Appeal: | |
| In plain language and detail, include sufficient facts and reasons upon which your appeal is based: | |
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| Sign your Appeal: | |
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Note: To expedite your appeal, include any correspondence you may have received concerning the denial that you are appealing. To help us serve you better, please provide your e-mail address.