



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

## REQUEST FOR SERVICE BY STATE OR COUNTY AGENCY

State and County agencies must complete this form and submit it to the BMV when requesting to make payment for service by way of County Agency Voucher or Intra State Agency Voucher (ISTV). Attach a copy of the voucher, if applicable. A revenue transfer must be completed for the amount of service authorized through an ISTV or by way of check within 30 days after the service was provided.

### SERVICE REQUESTED

DATE OF REQUEST	AMOUNT OF VOUCHER / ISTV (REQUIRED) \$	BMV CASE # (IF REQUIRED)
EXPLAIN TYPE OF SERVICE REQUESTED (DL/VR, State ID, Reinstatement Fees, etc.)		
OTHER INFORMATION		

### CUSTOMER / RECIPIENT INFORMATION

FIRST NAME	LAST NAME	MI	
STREET ADDRESS			
CITY	STATE	ZIP	PHONE #

### STATE OR COUNTY AGENCY INFORMATION

AGENCY NAME	AGENCY CONTACT / CASE WORKER		
STREET ADDRESS	PHONE #		
CITY	STATE	ZIP	FAX #
AGENCY AUTHORIZED SIGNATURE <b>X</b>	E-MAIL ADDRESS		

Mail to: Ohio Department of Public Safety, Revenue Management, P.O. Box 16521, Columbus, Ohio 43216-6521

### FOR REVENUE MANAGEMENT ONLY

KEY NUMBER (i.e. APP/DL NUMBER)	SERVICE DATE	SERVICE PROVIDED BY (Deputy Number)
AMOUNT OF VOUCHER / ISTV \$	PAYMENT / ISTV REC'D DATE	PAYMENT PROCESSED BY
INVOICE NUMBER	CORRECTION INFORMATION	
SUPERVISOR SIGNATURE <b>X</b>	APPROVAL DATE	

PLEASE DUPLICATE THIS FORM AS NEEDED