



OHIO BUREAU OF MOTOR VEHICLES

# REQUEST FOR SERVICE BY 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)
EXPLAIN TYPE OF SERVICE REQUESTED	\$
	BMV CASE # (IF REQUIRED)
OTHER INFORMATION:	

### CUSTOMER/RECIPIENT INFORMATION

FIRST NAME	LAST NAME	MIDDLE INITIAL
STREET ADDRESS		SOCIAL SECURITY #
CITY	STATE	ZIP
		PHONE # ( )

### AGENCY INFORMATION

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

### DO NOT WRITE BELOW THIS LINE

KEY NUMBER (I.E. APP/DL NUMBER)	SERVICE DATE	SERVICE PROVIDED BY
AMOUNT OF VOUCHER/ISTV \$	PAYMENT/ISTV REC'D DATE	PAYMENT PROCESSED BY
NOTES:		

Mail to: Ohio Bureau of Motor Vehicles Revenue Management, P.O. Box 16521, Columbus, Ohio 43216-6521

PLEASE DUPLICATE THIS FORM AS NEEDED