

## OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

## PETITION TO ESTABLISH ORGANIZATIONAL LICENSE PLATE

We the undersigned do intend to support the production of specialty license plates designated to the Sons of the American Revolution by purchasing the SAR Logo					
Specialty License Plates from the Ohio Bureau of Motor Vehicles. We understand there will be an additional cost to the standard license plate fee and also understand a portion of the proceeds will go to the designated fund.  ***Please do not sign this petition unless it is your present intention to purchase this plate if and when it is issued.***					
Please do not sign this petition unless it is your present intention to purchase this plate it and when it is issued.  PLEASE FILL OUT COMPLETELY THE FOLLOWING INFORMATION (Duplicate this form as necessary) (PRINT or TYPE)					
FIRST NAME	LAST NAME	MI	PHONE (Include ar	ea code)	
ADDRESS	CITY	STATE		ZIP	
CURRENT LICENSE PLATE #	OHIO DL OR ID CARD #	SIGNATURE X			
FIRST NAME	LAST NAME	MI	PHONE (Include area code)		
ADDRESS	CITY	STATE		ZIP	
CURRENT LICENSE PLATE #	OHIO DL OR ID CARD#	SIGNATURE X	TURE		
FIRST NAME	LAST NAME	МІ	PHONE (Include ar	rea code)	
ADDRESS	CITY	STATE		ZIP	
CURRENT LICENSE PLATE #	OHIO DL OR ID CARD #	SIGNATURE X			
FIRST NAME	LAST NAME	MI	PHONE (Include ar	rea code)	
ADDRESS	CITY	STATE		ZIP	
CURRENT LICENSE PLATE #	OHIO DL OR ID CARD #	SIGNATURE X	SIGNATURE X		
FIRST NAME	LAST NAME	MI	PHONE (Include area code)		
ADDRESS	CITY	STATE	ZIP		
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FIRST NAME	LAST NAME	MI	PHONE (Include area code)		
ADDRESS	CITY	STATE	ZIP		
CURRENT LICENSE PLATE #	OHIO DL OR ID CARD #	SIGNATURE X			
FOR ADDITIONAL INFORMATION ON THIS PETITION, PLEASE CONTACT CIRCULATOR OF PETITION INFORMATION TOTAL NUMBER OF SIGNATURES					
			BER OF SIGNATUR	RES	
NAME TROY Bailey		PHONE 440 645 0465			
ADDRESS 1659 Chopel Rd	Jeffers on	STATE	Ohio	ZIP 4 4047	
THANK YOU FOR SUPPORTING OUR PETITION DRIVE					