

**Department of Highway Safety and Motor Vehicles
Consumer Appeal Form**

Name _____

Address _____

Home Phone () _____ Work Phone () _____ Ext. _____

Reason for your contact with our department (check all that apply):

- Driver License: DL# _____
- Motor Vehicle / Vessel Registration: Tag # or Vessel Registration # _____
- Motor Vehicle / Vessel Title: Tag # or Vessel Registration # _____
- IRP / IFTA Commercial Vehicle Registration
- Mobile Home
- Motor Vehicle Dealer
- Other _____

Have you already contacted someone in our agency? Yes No

If yes,

Name _____ Location _____

Date of last contact _____

What is your issue? _____

What would resolve it? _____

Signature _____ Date _____

Please return this form to: Consumer Advocate
Kirkman Building, MS 99
2900 Apalachee Parkway
Tallahassee, Florida 32399-0508
(850) 617-3028