

**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