

**PORTAGE COUNTY MUNICIPAL COURT  
JILL FANKHAUSER, CLERK OF COURTS**

**RAVENNA DIVISION**

203 West Main Street PO Box 958  
Ravenna OH 44266

Civil Div. Ph: 330-297-3635  
Fax 330-297-3526  
Traffic Div. Ph: 330-297-3640  
Fax 330-297-5867

**KENT DIVISION**

303 East Main Street  
Kent OH 44240

Civil Div. Ph: 330-678-9170  
Fax 330-678-5107  
Traffic Div. Ph: 330-678-9100  
Fax 330-677-9944

**REQUEST FOR DRIVING PRIVILEGES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

( ) OCCUPATIONAL PRIVILEGES (PROOF REQUIRED)

1<sup>ST</sup> EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

SUPERVISOR'S NAME /TELEPHONE NUMBER: \_\_\_\_\_

WORK SCHEDULE HOURS AND DAY, (INCLUDE DRIVE TIMES TO AND FROM WORK) \_\_\_\_\_

2<sup>ND</sup> EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

SUPERVISOR'S NAME /TELEPHONE NUMBER: \_\_\_\_\_

WORK SCHEDULE HOURS AND DAY, (INCLUDE DRIVE TIMES TO AND FROM WORK) \_\_\_\_\_

( ) EDUCATIONAL/VOCATIONAL PRIVILEGES (CURRENT SCHOOL SCHEDULE IS ATTACHED )

NAME AND ADDRESS OF SCHOOL: \_\_\_\_\_

( ) MEDICAL PRIVILEGES (PROOF REQUIRED)

AUTO INSURANCE INFORMATION : (PROOF REQUIRED)

INSURANCE COMPANY: \_\_\_\_\_

AGENT: \_\_\_\_\_

POLICY#: \_\_\_\_\_ COVERAGE PERIOD: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**