

Date: _____

State of Georgia
Department of Driver Services
Hearing Unit
2206 East View Parkway
Post Office Box 80447
Conyers, GA 30013

In reference to:

Drivers Full Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Birth Date: _____

Drivers License Number: _____

Date of Arrest: _____

Dear DDS:

I wish to appeal the administrative license suspension for allegedly violating the Implied Consent laws of Georgia. Enclosed you will find my check for \$150.00 to cover the state-required filing fee. Please send all further communications regarding this case to the address given above.

I hereby request an immediate hearing regarding this administrative license suspension.

Respectfully submitted this _____ day of _____, 20_____.

Driver