



Judge Michael Easton
Municipal Court

IID EXEMPTION HEARING REQUEST FORM
IID200 (rev. 03/16)

Date _____

Please be advised that I am herewith requesting an IID exemption hearing to exempt the following vehicle(s) from the IID requirement:

Year	Make	VIN	License Plate Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attached to this document, please find my fully completed Application for IID Cost Reduction and Vehicle Exemption Document.

Signature

Name _____

Address _____

City, State, Zip _____

Social Security No. _____ - _____ - _____