

Ohio Bureau of Motor Vehicles
Attn: Compliance
P.O. Box 16725
Columbus, OH 43216-6725



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO BUREAU OF MOTOR VEHICLES

PAYOUT / SECURITY DEPOSIT

June 28, 2022

BMV CASE NUMBER

ACCIDENT DATE

Amount of Money on Deposit	\$
PAY TO	\$
ADDRESS	
PAY TO	\$
ADDRESS	
Balance of Deposit	\$

I hereby certify the above instructions to be in satisfaction of claims arising out of the above accident and that this instruction and agreement is submitted in compliance with Section 4509.28 of the R.C.

SIGNATURE OF DEPOSITOR X	PRINTED NAME
ADDRESS	DATE

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20__ in _____ County,

State of _____.

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____

Mail to: Ohio Bureau of Motor Vehicles
Attn: Compliance Unit
P.O. Box 16520
Columbus OH 43216-6520