



Městský úřad Jaroměř

odbor dopravy a silničního hospodářství
nám. Československé armády 16, 551 01 Jaroměř

Request for cancellation of driving ban

APPLICANT
Surname:
Name:
Date of birth:
Permanent residence:
Delivery address (if different):
Phone:
E-mail:

Pursuant to the provisions of § 47 paragraph 4 of Act No. 250/2016 Coll., on liability for offenses and proceedings on them, as amended, I request the waiver of the rest of the administrative punishment of the ban activity consisting in the prohibition of driving motor vehicles. This sanction was imposed on me on based on the decision Městský úřad Jaroměř dated: _____

Proceedings number of the decision (ref.): _____

Justification:

Date: _____

Signature: _____