Door County Circuit Court
Application for IID Exemption

Case Number(s): _____ **Date:** _____

First Name: _____ **MI:** _____ **Last Name:** _____

Home Street Address: _____

City, State, Zip: _____ **Phone: (____)**_____

Name of Employer: _____ **Phone:** (____)_____

Employer Address: _____
Street **City** **State** **Zip**

Why are you requesting vehicle exemption?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

On which vehicle do you have IID installed?

Year _____ Make _____ LPN _____

Vehicle(s) for which Exemption if Requested

Year _____ Make _____ VIN_____ LPN_____

Year _____ Make _____ VIN_____ LPN_____

Year _____ Make _____ VIN_____ LPN_____

Year _____ Make _____ VIN_____ LPN_____

Year _____ Make _____ VIN_____ LPN_____

Subscribed and sworn to me
on _____

_____ _____
Applicant/Defendant Name (Signature) Date

_____
Notary Public Signature

My commission expires: _____