



Court File No. \_\_\_\_\_

AND THAT the Appellant will ask that the decision appealed from be reversed/varied as follows:

---

---

---

---

---

---

DATED at \_\_\_\_\_, Newfoundland and Labrador, this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Appellant  
Whose Address for Service is:

---

---

---

---

TO: Registrar of Motor Vehicles Dept.  
of Government Services  
Motor Registration Division  
P.O. Box 8777  
St. John's, NL  
A1B 3T2