

**LAKE HAVASU CONSOLIDATED COURT
2001 COLLEGE DR. STE 148
LAKE HAVASU CITY, AZ 86403
FAX (928) 680-0193**

REQUEST FOR CITATION INFORMATION FROM 1996 AND PRIOR

Name: _____

Address: _____

Phone #: _____

Date of Birth: _____ Social Security #: _____

Docket # (obtain from MVD): _____

Upon completion of this form in its entirety, fax to the above number and the clerk will contact you back within 72 hours of receiving this request.

**To reinstate your license after your suspended ticket is paid in full, you must contact the AZ Motor Vehicle Department to reinstate your license at (877) 301-8093 or online at www.servicearizona.com. This information will be updated with the AZ Motor Vehicle Department within 72 hours, not including holidays and weekends.