

**LAKE HAVASU CITY JUSTICE COURT  
2001 COLLEGE DR. STE 148  
LAKE HAVASU CITY, AZ 86403  
FAX (928) 453-0711**

**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](http://www.servicearizona.com). This information will be updated with the AZ Motor Vehicle Department within 72 hours, not including holidays and weekends.