

Today's date: \_\_\_\_\_

Texas DPS  
Driver Improvement Bureau  
Post Office Box 4040  
Austin, TX 78765-4040  
**SENT VIA FAX TO (512) 424-2650**

### REQUEST FOR LIVE ALR HEARING

Please set an ALR hearing on the Respondent listed below to a live in-person hearing.

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Texas Drivers License number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_, 2009 in \_\_\_\_\_ (city, state) by  
\_\_\_\_\_ (police agency that arrested you)

Circle one:

Breath Test was: PROVIDED or  
NOT PROVIDED

Circle one:

Blood Test was: PROVIDED or  
NOT PROVIDED

Thank you for your time.

Sincerely,

\_\_\_\_\_