



Request for Records

I, _____ (print name) do hereby affirm that I represent _____ in the following nature:

Attorney

Insurance Agent

Family Member

Self

Other (Government, Military) _____

Requested on this date: _____

Signed (requestor) _____

And in such representation, request the following documents related to the above named client:

Copy of Crash Report # _____

Verification letter for Incident Report # _____

Local Background Check (convictions only) *

**If requested by third party, record release form is required to be signed by represented party.*

Records Clerk responding to request: _____

Date of response: _____

Mailed In Person

Payment received: Cash Check Due on receipt