

Motor Vehicle Record Release and Authorization Form

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agent, whose names and addresses are as follows:

Employer Name and Address:

Municipal Well & Pump
1212 Storbeck Drive, PO Box 311
Waupun, WI 53963

Insurance Agent Name and Address:

SIA Insurance Services
999 W. Main Street
Waupun, WI 53963

The authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Please enter the following information electronically or print clearly

Full Name of Applicant / Employee: _____

Driver's License #: _____

License Issued in the State of: _____

Address: _____

City: _____ State: _____

Signature: _____ **Date:** _____