

## ***MOTOR VEHICLE RECORD REQUEST***

Name: \_\_\_\_\_  
(First) (Middle or Maiden) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Date Of Employment: \_\_\_\_\_  
Mo. Day Year Mo. Day Year

STATUS: ☐ Employee - Give title or duties \_\_\_\_\_  
☐ Non-Employee who is furnished a company auto  
☐ Applicant for employment  
☐ Other \_\_\_\_\_

DRIVER: I hereby grant permission to \_\_\_\_\_ and Zeigler  
Insurance Agency Ltd., to secure my Motor Vehicle Record.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FAX MVR TO (708) 597-5956 (Mitch – Zeiler Insurance)