



Milton Police Department
37 Bombardier Road
Milton, VT 05468
 (802) 893-6171 Voice
 (802) 893-6032 Fax



DRIVER'S RECORD REQUEST

Requests for a copy of a Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink, printing in all areas other than signature areas.

ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK)
 MUST BE COMPLETED TO OBTAIN THE REQUESTED

Requester Name: *TOWN OF MILTON, VERMONT* D.B.A./Company: _____

Street/Box Number Address: *43 Bombardier Road* Telephone #: *802-893-6655*

City: *Milton* State: *VT* Zip Code: *05468-3205*

Mail to: (if different than address above): _____

Copy of complete operating record - \$10.00 **(No Charge to Town Staff Members)**

Other – Write explanation on backside of this form.

I am requesting information concerning:

VIN No.:	Vehicle Make:	Vehicle Year:	License Plate #
Name:	Driver's License #:	Date of Birth:	
Street:	Social Security #:		
City:	State:	Zip Code:	

PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT LICENSE

Authorization of release of information

I hereby, with my signature, authorize: *TOWN OF MILTON, VERMONT*

- To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
- To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

Signature of individual authorizing release: _____

Date authorization given: _____

This form must be kept on file at the Milton Police Station for a period of five (5) years.