

DATE:

To: R&R Insurance Services

Attn:

PO Box 1180

Menomonee Falls, WI 53052-1180

Fax:

From:

## MOTOR VEHICLE RECORD REQUEST FORM

I would like to request you to order a Motor Vehicle Report (MVR) for the following individual:

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

D.L.#: \_\_\_\_\_ DOB: \_\_\_\_\_

State: \_\_\_\_\_

Individual: I understand that driving is a part of my job description, and I hereby give permission to R&R Insurance Services to access my motor vehicle records and provide a copy to my prospective or current employer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_