



**REQUEST FOR MOTOR VEHICLE OR BOAT RECORD
THAT INCLUDES PERSONAL INFORMATION**

Mail to:

PO Box 2014, Frankfort KY 40601-2014

TO BE COMPLETED BY A GOVERNMENTAL AGENCY

This information is requested solely for the benefit and use of carrying out the functions of a government agency.

Select all applicable boxes.

- | | |
|--|--|
| <input type="checkbox"/> Odometer or Mileage Discrepancy | <input type="checkbox"/> Copy of Certificate of Origin |
| <input type="checkbox"/> Signature Verifications | <input type="checkbox"/> Copy of O/S Title |
| <input type="checkbox"/> Tax Purposes | <input type="checkbox"/> Copy of VTR or Supporting Documents |
| <input type="checkbox"/> Owner Information | <input type="checkbox"/> Copy of Current Title |
| <input type="checkbox"/> Clerk Error or Correction | <input type="checkbox"/> Certify Documents |
| <input type="checkbox"/> Transfer Dates | <input type="checkbox"/> Court Documents |
| <input type="checkbox"/> Complete History | <input type="checkbox"/> Other (<i>Specify.</i>) _____ |

VIN or HIN Number _____ Title _____ License Plate _____

Printed name of person making request _____

Agency or Company (*if applicable*) _____

Signature _____ Date _____

Address _____

STATE OF _____

City _____ State _____ Zip _____

COUNTY OF _____

Email Address _____ Phone _____

Attested before me on this _____ day of _____ 20 _____

DL# _____ State of Issuance _____

Notary/Attesting Official Signature and Title _____

My Commission expires: _____

MM DD YY

FOR MVL USE ONLY	
Date Processed	_____
Fees Collected	_____
Clerk's Initials	_____