REQUEST BY TOWING & STORAGE COMPANIES & LIEN HOLDERS FOR MOTOR VEHICLE OR BOAT RECORDS THAT INCLUDE PERSONAL INFORMATION

Driver’s Privacy Protection Act of 1994 Section 2721

Mail to:
PO Box 2014, Frankfort KY 40601-2014

Note: Title records older than five years are not available.

I hereby request the following information:

**SELECT ONE:**

- [ ] Towing and Storage
- [ ] Mechanic’s Lien
- [ ] Boat
- [ ] KY Search Only
- [ ] 50 State Search
- [ ] Lien Holder

VIN or HIN Number ____________________________

Title Number ____________________________

License Plate Number ____________________________

Please place your initials beside the box you select.

- [ ] For use in providing notice to the owners of towed or impounded vehicles.
- [ ] For use in providing notice to the Lien Holder.
- [ ] For use in providing notice to the Boat owner(s).

Pursuant to Section 2722 of the Driver’s Privacy Protection Act of 1994, it is unlawful for any person to knowingly obtain or disclose personal information from a motor vehicle record, for any use not permitted under Section 2721 (b) of the Act. I certify that this release of information is permissible for the reason checked above and will be used only as indicated. The undersigned takes full responsibility for any violations of this act. A fee of $3.00 per record requested is required with this completed form. Please make check or money order payable to the Kentucky State Treasurer.

Printed name of person making request ____________________________

Agency or Company (if applicable) ____________________________

Signature ____________________________ Date ____________

Address ____________________________

STATE OF ____________________________

COUNTY OF ____________________________

Attested before me on this ___ day of _____ 20 ___

Email Address ____________________________

Phone ____________________________

DL# ____________________________

Notary/Attesting Official Signature and Title ____________________________

Federal ID # OR State of Issuance ____________________________

My commission #: ____________________________ Expiration: ___ / ___ / ___

MM DD YYYY ____________________________

FOR MVL USE ONLY ____________________________ Date Processed _____

Fees Collected _____ Clerk’s Initials _____