



REQUEST FOR PERSONAL INFORMATION PURSUANT TO
KRS 411.402 & 411.406 THEFT OF MOTOR FUEL

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

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

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ hereby request the following:

- Name of Vehicle Owner
Address of Vehicle Owner
Other (Specify.)

License Plate Number \_\_\_\_\_

The requested records are to be used for:

Commercial Purpose - Please attach a certified statement explaining the commercial purpose for which the records shall be used in accordance with KRS 61.874 (4)(b). A fee of \$3.00 per record requested is required with this completed form. Please make your check or money order payable to the Kentucky State Treasurer.

Please place initials beside the box you select.

- For use by any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
For use in connection with matters of motor vehicle fuel theft.
For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court.
For use by any licensed investigative agency or licensed security service for any purpose permitted under Federal law.
For use by any requester, if the requester demonstrates written consent from the individual to whom the information pertains.

Pursuant to the Driver's Privacy Protection Act of 1994, 18 U.S.C. Section 2722, it is unlawful for any person to knowingly obtain or disclose personal information from a motor vehicle record, for any use not permitted under 18 U.S.C. Section 2721 (b). I certify that this release of information is permissible for the reason checked above and will only be used as indicated. The undersigned takes full responsibility for any violations of this Act.

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 OR Federal ID #

Notary/Attesting Official Signature and Title

My commission #: \_\_\_\_\_ Expiration: \_\_\_ / \_\_\_ / \_\_\_
MM DD YYYY

Table with 1 column and 4 rows: FOR MVL USE ONLY, Date Processed, Fees Collected, Clerk's Initials