

MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information relating to the Wisconsin Department of Motor Vehicles, to my employer or my prospect employer and its insurance agent, whose name and addresses are as follows:

Monona Plumbing and Fire Protection, Inc.
3126 Watford Way
Madison, WI 53713

Mortenson, Matzelle and Meldrum
3113 West Beltline Highway, PO Box 8950
Madison, WI 53708-8873

This authorization shall continue in effect until revoked by the undersigned in subsequent writing to Monona Plumbing and Fire Protection, Inc. or employment with the aforementioned has terminated.

(Please Print)

Full Name: _____

Address: _____

Driver's License #: _____

State: _____

Signature

Date