## Motor Vehicle Record Release and Authorization Form

To: Wisconsin Department of Transportation

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, to my prospective or present employer and its insurance agent, whose names and addresses are as follows:

| Name | and | <b>Address</b> | of | Emp | oloyer | : |
|------|-----|----------------|----|-----|--------|---|
|------|-----|----------------|----|-----|--------|---|

Casa de Oakes, Inc. 617 E. Main St. Reedsburg, WI 53959

## Name and Address of Insurance Agent:

The Murphy Insurance Group 251 Progress Way, Suite 300 Waunakee, WI 53597

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

| Full N | ame P           | LEA   | SE  | PRI  | TM  | -    |     |    |     |     |    |     |     |      |      |   |     |     |     |   |      |  |   |  |
|--------|-----------------|-------|-----|------|-----|------|-----|----|-----|-----|----|-----|-----|------|------|---|-----|-----|-----|---|------|--|---|--|
|        |                 |       |     |      |     |      |     |    |     |     |    |     |     |      |      |   |     |     |     |   |      |  |   |  |
| Driver | 's Lice         | ense  | # F | PLE  | ASI | E PF | SIV | 1T | ı   |     |    | ı   |     |      |      |   |     |     |     |   | ı    |  |   |  |
|        |                 |       |     |      |     |      |     |    |     |     |    |     |     |      |      |   |     |     |     |   |      |  |   |  |
| Date o | of Bir          | th: . |     |      |     |      |     |    | _   |     | Ge | end | er: | <br> | <br> |   |     |     |     | - |      |  |   |  |
| State  | Licen           | se I  | SSU | ed i | n:  |      |     |    |     |     |    |     |     |      |      |   |     |     |     |   |      |  |   |  |
| Addre  | :SS: _          |       |     |      |     |      |     |    | _ C | ity | :  |     |     | <br> | <br> |   | Sto | ite | : _ |   | <br> |  | - |  |
| Signat | Signature:Date: |       |     |      |     |      |     |    |     |     |    |     |     |      | <br> | _ |     |     |     |   |      |  |   |  |

Please note: Due to Federal privacy regulations, The Murphy Insurance Group is not able to provide you with a copy of any motor vehicle report or discuss its contents in any way.