

Motor Vehicle Records Release

Date: \_\_\_\_\_

Attention: Employees Who Drive Motor Vehicles in Connection  
With Their Employment for Decatur County

I am aware that motor vehicle reports may be obtained as part of Decatur County's evaluation of my job application and/or employment. The reports may be procured by Decatur County or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, or an assessment of my insurability for the program.

By signing this letter, I hereby provide my authorization for Decatur County or their insurance company representative(s) to procure such information and reports, from time-to-time as deemed appropriate, to evaluate my insurability.

Sincerely,



Stephanie R. Daughton  
Decatur County Insurance Coordinator

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Name as it appears on Drivers License

\_\_\_\_\_  
Drivers License Number/State of Issuance

\_\_\_\_\_  
Date of Birth