

ATTN DEPT HEAD: This form MUST be completed by the applicant and returned to the Auditor's Office BEFORE s/he is hired.

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