

Village of Fox Point

LIMITED VEHICLE/DRIVER RECORD INFORMATION REQUEST FORM

Required for Disclosure of Personal Information or Highly Restricted Personal Information

The Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. § 2721) prohibits the disclosure of certain "personal information" or "highly restricted personal information" which originates from a State motor vehicle record. Under current controlling law, disclosure of each item "personal information" or "highly restricted personal information" must be justified by the specific permissible use identified below. Failure to provide such justification may result in redaction of the record requested. Such information shall not knowingly be disclosed or otherwise made available without the express consent of the person to whom the information pertains or unless specifically permitted by the DPPA. For purposes of determining whether such information should be released or redacted, please complete and return this form.

PRINT LEGIBLY

I. Requester Information

Date of Request: _____ Requester Phone #: _____

Requester Name and Company: _____

Requester Address: _____

II. Requested Information

Type of records sought: _____

Dates of records sought: _____

Name of person about whom records are requested, if known: _____

Reason for request of particular items of "personal information" or "highly restricted personal information":

III. Authorization

I/We are authorized under the Driver's Privacy Protection Act to obtain the identified records containing personal information based upon the following:

Check all that apply:

1. Authorized for use, if Requester has obtained the written consent from the person about whom the information pertains.
 - a. I am requesting a copy of my own record.
 - b. I am a parent or legal guardian or a minor child and I am requesting a copy of his/her record.
 - c. I am requesting the record of another person and have attached their written and notarized consent.
2. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
 - a. Verify accuracy of the personal information;
 - b. If such information as so submitted is not correct or is no longer correct, to obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
3. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceedings in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution of enforcement of judgments and orders,

or pursuant to an order of a federal, state, circuit, local, or trial court.

- 4. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization, or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
 - a. Claims investigation;
 - b. Anti-fraud activities;
 - c. Rating or underwriting.
- 5. Authorized for use in providing notice to the owners of towed or impounded vehicles.
- 6. For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety

IV. Penalties

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

V. Certification

I agree that the use of the records I have requested is specifically authorized under the laws of the State of Wisconsin and the DPPA and that my intended use of the records is related to the operation of a motor vehicle or public safety or for other use as identified above.

I certify that the information and statements on this request are true and correct and understand that the unauthorized disclosure of information obtained from these records for a purpose other than stated on this request form, or the sale or other distribution of the information to a person or organization not disclosed in this request, may result in civil and criminal penalties imposed under Title 18 U.S.C. Section 2724.

I further understand that I have the right to request a mandamus review of the responses provided to this request under Wisconsin Statute Section 19.37(1).

Requester Signature
 Electronic Signature
 Name *
 Email *

Date Signed

TERMS OF ACCEPTANCE and SIGNATURE

I, the requester for this information, warrant the truthfulness of the information provided in this application.

Electronic Signature *
Please type your First and Last Name

Acceptance Checkbox *

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the terms and certifications noted above.