

MICHIGAN DEPARTMENT OF STATE

RECORD LOOKUP REQUEST FOR GOVERNMENTAL AGENCIES

If you are **not** requesting information for a Governmental Agency, use form **BDVR-153** if requesting your own record, or form **BDVR-154** if you are requesting records on someone other than yourself.

Section 1. Requestor's Information (Please print or type all information.)			
Governmental Agency Name CHARTER TOWNSHIP OF CANTON		Representative's Name and Title PAULA KOSBE, VOLUNTEER COORDINATOR	
Mailing Address 1150 S. CANTON CENTER RD			File or Claim Number
City CANTON	State MI	Zip Code 48187	Daytime Telephone Number (734) 394 - 5191

Section 2. Michigan Department of State Account Number	
<input type="checkbox"/> To my knowledge, this agency has not been assigned a Michigan Department of State Account Number. A cover letter on the Agency letterhead is enclosed, requesting an account number be issued for current and future use.	<input checked="" type="checkbox"/> Michigan Department of State Account Number <div style="text-align: right; margin-right: 50px;">1001-9596</div>
<input type="checkbox"/> Certified record(s) needed	

Section 3. Driver/Personal ID Information (If you only want a driving record, leave Section 4 blank.)		
<i>Check boxes that apply:</i> <input checked="" type="checkbox"/> Driving Record <input type="checkbox"/> Personal ID Record <small>(Shows last reported address)</small>		
For:	<input type="checkbox"/> Employment, Credit, or Insurance <input type="checkbox"/> Court <input checked="" type="checkbox"/> Other: <u>Volunteer</u>	
<input type="checkbox"/> Current Application <input type="checkbox"/> Application History <input type="checkbox"/> Address History <input type="checkbox"/> Other Driving-Related Record(s)	For partial histories, please complete: from ___/___/___ to ___/___/___ Date ___/___/___	
<small>(Hearing, Offense, License Status, etc.)</small>		
Individual's Full Name (First, Middle, Last)	Driver's License/Personal ID Number	Date of Birth
Individual's Full Name (First, Middle, Last)	Driver's License/Personal ID Number	Date of Birth

Section 4. Registration or Title Information (Insurance information is not retained and is not available.)			
License Plate or Registration Number	Vehicle Year	Make and Model	Vehicle or Hull Identification Number
<i>Check boxes that apply:</i> <input type="checkbox"/> Current Vehicle Owner and Lienholder Information <input type="checkbox"/> Registration Information as of ___/___/___ <input type="checkbox"/> Copy of Current Title Application and Related Forms <input type="checkbox"/> Complete Title History <input type="checkbox"/> Complete Registration History <input type="checkbox"/> Partial Title History <input type="checkbox"/> Partial Registration History			
For partial histories, please complete: from ___/___/___ to ___/___/___			
Check box if you want: <input type="checkbox"/> All motor vehicles registered or titled to this owner.* <input type="checkbox"/> All other registered or titled assets for the owner indicated.*			
Vehicle Owner(s) Name		For Office Use Only	
Vehicle Owner(s) Address			
City	State		

Section 5. Requestor Certification (This section must be completed or request will not be processed.)

I certify that this requested record information is for use by a federal, state, or local governmental agency, including a court or law enforcement agency in carrying out the agency's functions. I also certify that the information and statements on this request are true, correct, and comply with the provisions of state and federal driver privacy laws. I understand that the willful unauthorized disclosure of personal information obtained from these record(s) for a purpose not outlined by my government employing agency, or the sale or other redisclosure of information to a person or organization not identified in this request, may result in penalties imposed under MCL 28.295a, 257.902, 257.903, 324.80130d, 324.80319a, 324.81120, 324.82160 and other provisions of law.

X _____ / ____ / ____

Signature of Requestor - form must be signed or request will not be processed.

Date

Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.

INSTRUCTIONS FOR COMPLETING THIS FORM

Fill out as much information about your request as you can. Accurate and complete information will help us locate the record(s) you want. Records will only be mailed to the address listed on your Michigan Department of State account. Please include a daytime telephone number in case we have questions about your request.

Government agencies that **do not** have a Michigan Department of State account number need to enclose a cover letter on agency letterhead, along with this request form, requesting that an account number be issued for current and future use. A cover letter **will not** be necessary if you already have a Michigan Department of State account number documented in Section 2 of this request form.

For driving records, include as much detail in Section 3 as possible. If you just need the name, address, or driving status, request the current record only. If you only want a driving record, do not complete Section 4.

Personal identification card information is also available. Complete Section 3, Driver Information, substituting the identification card number for the driver's license number.

For vehicle information, include as much detail as possible. The owner's name should be the owner of record, not a purchaser who has not yet titled the vehicle. If you just need name, address, or ownership verification, request only a registration record.

Information about proof of insurance at vehicle registration is not retained and is not available.

For watercraft, snowmobile, ORV, or mobile home records, complete Section 4, Registration or Title Information, substituting the watercraft or snowmobile registration number for the license plate number or substituting the mobile home serial number for the vehicle identification number. Include as much information as you can about the watercraft, snowmobile, ORV, or mobile home.

* When requesting records for all motor vehicles or all assets registered and/or titled through the Michigan Department of State for individuals and/or companies, precise information is required. Information retrieved is based upon an exact name and address match. The individual's name and address, as provided by the record requestor, must match the name and address on the record(s) held by the Michigan Department of State.

Mail your completed request to:

Michigan Department of State
Record Lookup Unit
7064 Crowner Drive
Lansing, Michigan 48918-1540

Read the instructions for guidance or call 517.322.1624 for help in completing this form.
Completed requests may be faxed to 517.322.1181.



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