



Bobbie Holsclaw
Jefferson County Clerk

REQUEST FOR MOTOR VEHICLE INSURANCE RECORD

Date: _____

I request the following insurance information be provided to me by the Jefferson County Clerk's Office:

Plate, Title or VIN Number: _____

Vehicle Description (year, make & model): _____

Date of incident: _____

Requestor's Contact Information:

Name: _____

Address: _____

Phone: _____

Fax: _____

Requestor's Signature: _____

Processed Date: _____ Clerk: _____