

PERMISSION FOR RELEASE OF INDIVIDUAL RECORDS

I HEREBY AUTHORIZE THE RELEASE OF RECORDS MAINTAINED BY THE
DEPARTMENT OF MOTOR VEHICLES IN THE STATE OF COLORADO

PRINTED NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
DATE OF BIRTH ____/____/____ SOCIAL SECURITY # _____
DRIVER'S LICENSE NUMBER _____ STATE _____
SIGNATURE _____ DATE _____
PURPOSE FOR WHICH RECORDS ARE RELEASED: _____ _____ _____ _____

REQUESTER'S NAME: _____
COMPANY: INDIAN HILLS FIRE/RESCUE
ADDRESS: 4475 PARMALEE GULCH RD., INDIAN HILLS, CO 80454
MEMBER#: _____