



# NCDOT PUBLIC RECORDS REQUEST FORM

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Please provide the following information as part of your public records request.

When describing your request, please be as specific as possible, so the records custodian can better determine the type of records needed.

Individuals seeking **driving records** should request them from the N.C. Division of Motor Vehicles online, by mail or in person.

Full Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Requested By (*Select One*):

- Legal    Media    Business/Organization    Citizen    Political    University/College  
 Other (*please specify*) \_\_\_\_\_

How do you want to receive the requested records? (*Select One*)

- Physical Review    Paper Copies    Email    CD/USB    Fax  
 Other (*please specify*) \_\_\_\_\_

What is your public records request? Please be as specific as possible, so we can better determine the type of records needed. Attach supplemental information if needed.

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