



Cindy A. Hofner  
Wood County Clerk of Courts

01-110 BUREAU OF MOTOR VEHICLES

**RECORD REQUEST**  
(R.C. 149.43, 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under R.C. 4501.27. Disclosure of this information is **REQUIRED**. **FAILURE** to provide any information will result in this form not being processed.

This request is being made by (check one):

- An individual inquiring regarding himself or herself:** (Complete Part A) If inquiring, in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting, your driver license or identification card.
- An individual inquiring regarding another person:** (Complete Parts A and B) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.
- Other:** (Check applicable reason for request on Part C, and complete Parts A and B)

I am requesting the following personal information contained in the Bureau of Motor Vehicles records:

<input type="checkbox"/>	Title Owner/Lien Holder Information	(\$2.00)	<input type="checkbox"/>	Last Known Address	(\$2.00)
<input type="checkbox"/>	Certified Owner/Lien Holder Information	(\$4.00)	<input type="checkbox"/>	Mileage/Brand Information	(\$2.00)
<input type="checkbox"/>	Owner History Printout	(\$2.00)	<input type="checkbox"/>	Vehicle History Printout	(\$2.00)

FEES SHALL BE PAID IN CASH, MONEY ORDER OR CHECK MADE PAYABLE TO: WOOD COUNTY CLERK OF COURTS.

<b>PART A: Please provide current information regarding yourself:</b>			<b>NOTE: SIGNATURE REQUIRED</b>	
YOUR NAME (REQUESTER)	DATE OF BIRTH	SIGNATURE		DATE
CURRENT STREET ADDRESS		CITY	STATE	ZIP
COMPANY (IF APPLICABLE)		BMV ACCOUNT NUMBER IF APPLICABLE)		
SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER	LICENSE PLATE NUMBER	
VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER		TELEPHONE NUMBER/FAX NUMBER	
<b>PART B: Request regarding other person(s):</b>				
PERSON'S NAME			DATE OF BIRTH	
STREET ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER	LICENSE PLATE NUMBER	
VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER			

Additional sheet(s) attached. If requesting information on more than 1 person or vehicle, attach additional sheet(s).

If mailing, return to Wood County Clerk of Courts, Auto Title Department 1616 E. Wooster St., Unit 16, Bowling Green, Ohio 43402 (419) 354-9180

**Part C: I (requester) qualify as checked below, and I am requesting:**

1. As an **individual**. (Complete **Part A**, front)

2. \_\_\_\_\_ A record for use in the normal course of business by me as a legitimate business or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) to verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) in case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information. for the sole purpose of preventing fraud. by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.

My tax identification number is: \_\_\_\_\_ My vendor number is: \_\_\_\_\_

My professional license number is: \_\_\_\_\_ Licensed by: \_\_\_\_\_

3. With **written** consent. (Complete **Parts A** and **B**, front).

4. \_\_\_\_\_ Records for bulk distribution for surveys, marketing, or solicitations, where the information will be used, rented, or sold solely for bulk distribution for surveys, marketing, or solicitations;

5. \_\_\_\_\_ A record for the use of a **government agency**, including, but not limited to, a court or law enforcement agency, in carrying out its functions, or for the use of a private person or entity acting on behalf of an agency of this state, another state, the United States, or a political subdivision of this state or another state in carrying out its functions: (a law enforcement agency does not need to fill out this form);

6. \_\_\_\_\_ A record for use in connection with matters **regarding motor vehicle or driver safety and theft**; motor vehicle emissions; motor vehicle product alterations, **recalls**, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers;

7. \_\_\_\_\_ A record for use in connection with a civil, criminal, administrative, or arbitral **proceeding in a court or agency** of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body. including but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order; (a subpoena or other court order may be used instead of this form);

8. \_\_\_\_\_ A record pursuant to an **order of a court** of this state, another state, the United States, or a political subdivision of this state or another state; (a subpoena or other court order may be used instead of this form);

9. \_\_\_\_\_ Records for use in **research** activities or in producing statistical reports, where the personal information will not be published, redisclosed, or used to contact an individual.

10. \_\_\_\_\_ Records for use by an **insurer**, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting;

11. \_\_\_\_\_ A record for use in providing notice to the owner of a **towed**, impounded, immobilized, or forfeited vehicle;

12. \_\_\_\_\_ A record for use by a licensed **private investigative agency** or licensed security service for any purpose permitted under numbers 1 through 15 of this form; my license number is: \_\_\_\_\_

13. \_\_\_\_\_ A record for use by an **employer** or by the agent or insurer of an employer to obtain or verify information relating to the holder of a commercial driver **license** or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended;

14. \_\_\_\_\_ A record for use in connection with the operation of a **private toll transportation facility**;

15. \_\_\_\_\_ A record for any other **use specifically authorized by law** that is related to the operation of a motor vehicle or to **public safety**;

16. \_\_\_\_\_ A record in order to carry out the purposes of either the "Automobile Information Disclosure Act", 72 Stat. 325, 15 U.S.C. 1231-1233, the "Motor Vehicle Information and Cost Saving Act", 86 Stat. 947, 15 U.S.C. 1901, et seq., the "**National Traffic and Motor Vehicle Safety Act of 1986**" 80 Stat. 718, 15 U.S.C. 1381, et seq., the "Anti-Car Theft Act of 1992", 106 Stat 3384, 15 U.S.C. 2021, et seq., or the "Clean Air Act", 69 Stat. 322, 42 U.S.C. 7401, et seq., all as now or hereafter amended, for use in connection with one or more of the following matters: (a) motor vehicle or driver safety and theft (b) motor vehicle emissions; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; (e) removal of non-owner records from the original owner records of motor vehicle manufacturers.

---

I understand that if I receive personal information under numbers 2, 3, or 5-16 of this form, I may **resell or disclose** the personal information only for uses permitted under numbers 2, 3, or 5-16. I understand that if I receive personal information under number 2-16 of this form, and I **resell or redisease** any personal information. I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1,000 fine.

X

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE