

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 (Please print or type all information.) *			
Governmental Agency Name *		Representative's Name and Title	
Grand Rapids Community College Police Dept.		Chief Cindy Kennell	
Mailing Address			File or Claim Number
143 Bostwick Avenue, #423M			
City	State	Zip	Daytime Telephone Number
Grand Rapids	Michigan	49503	(616) 234 - 4010

Section 2. Department of State Account Number	
<input type="checkbox"/> To my knowledge, this agency has not been assigned a Department of State Account Number. A cover letter, with our Government Agency letterhead, is enclosed requesting an account number be issued for current and future use.	
<input type="checkbox"/> Certified record needed	

Section 3. Driver Information (If you only want a driver record, leave Section 4 blank.)		
<input checked="" type="checkbox"/> Current Driving Record for: <small>(Shows current address)</small> <input checked="" type="checkbox"/> Employment or Insurance <input type="checkbox"/> Court <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> Current Application or Application History from ____/____/____ to ____/____/____ <input type="checkbox"/> Address History from ____/____/____ to ____/____/____
Driver's Full Name (First, Middle, Last)	Driver License Number	Birth Date
Driver's Full Name (First, Middle, Last)	Driver License Number	Birth Date

Section 4. Registration or Title Information (Insurance information is not available.)			
License Plate or Registration Number	Vehicle Year	Vehicle or Watercraft Make	Vehicle or Hull Identification Number
<input type="checkbox"/> Computer Printout showing Vehicle Ownership and Lien Information <input type="checkbox"/> Registration (copy of registration) Date of Loss _____		<input type="checkbox"/> Copy of Current Title Application and Related Forms <input type="checkbox"/> Complete Title History <input type="checkbox"/> Partial Title History from ____/____/____ to ____/____/____	
<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.		For Office Use Only	
Owner(s) Name			
Owner(s) Address			
City	State	Zip	

BDVR-155 (10/03)

SECTIONS 1, 2 AND 5 MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST FOR RECORDS