

Motor Vehicle Record Release and Authorization Form

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and their insurance agent, whose name and addresses are as follows:

Strupp Excavating, Inc.
Strupp Trucking, Inc.
H&S Redi-Mix dba Always Redi-Mix
N6200 Cty Rd XX
Onalaska, WI 54650

Name and Address of Insurance Agent

Coverra Insurance Services
535 Industrial Dr
Sparta, WI 54646

This authorization shall continue in effect until revoked, in writing, by the undersigned.

Date: _____

Signature: _____

Printed Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Driver's License Number: _____

Date of Birth: _____