# DATA REQUEST AUTHORIZATION/PERMISSION TO PROCESS VEHICLE REGISTRATION

I _____ AUTHORIZE THE CITY OF ROSEVILLE LICENSE CENTER TO ACCESS MY RECORD FOR PURPOSES OF MOTOR VEHICLE REGISTRATION RENEWAL.

**\*\*BELOW MUST BE FILLED OUT COMPLETELY TO ENSURE ACCURATE PROCESSING OF YOUR REQUEST.**

**VEHICLE INFORMATION:**

**YEAR** _____**MAKE** _____**PLATE#** _____**VIN#** _____

**OWNER'S SIGNATURE:** _____

**OWNER'S PRINTED NAME:** _____

**OWNER'S DRIVER'S LICENSE OR ID NUMBER:** _____

\*AS OF JANUARY 1 2016 INSURANCE MUST BE PROVIDED AT THE TIME OF REGISTRATION RENEWAL. \*REFERENCE MN STATUTE CHAPTER 169.798 SUB D.4

**INSURANCE COMPANY NAME:** _____

**POLICY NUMBER:** _____

**DATE OF EXPIRATION:** MONTH: _____DAY:_____YEAR: _____