

MICHIGAN DEPARTMENT OF STATE RECORD LOOKUP REQUEST FOR GOVERNMENTAL AGENCIES

If you are not requesting information for a Governmental Agency, use form **BDVR-154** if requesting your own record, or you are requesting records on someone other than yourself.

Section 1. Requestor's Information (Please print or type all information.)			
Governmental Agency Name Grand Rapids Community College Police Department		Representative's Name and Title Chief Rebecca Whitman	
Mailing Address 143 Bostwick Avenue, NE			File or Claim Number
City Grand Rapids	State MI	Zip Code 49503	Daytime Telephone Number (616) 234 - 4010

Section 2. Michigan Department of State Account Number	
<input type="checkbox"/> To my knowledge, this agency has not been assigned a Michigan Department of State Account Number. A cover letter on the Agency letterhead is enclosed, requesting an account number be issued for current and future use.	<input checked="" type="checkbox"/> Michigan Department of State Account Number <div style="text-align: right; margin-right: 50px;">1001-8485</div>
<input type="checkbox"/> Certified record(s) needed	

Section 3. Driver/Personal ID Information (If you only want a driving record, leave Section 4 blank.)		
Check boxes that apply:		
<input checked="" type="checkbox"/> Driving Record <input type="checkbox"/> Personal ID Record <small>(Shows last reported address)</small>	For:	<input checked="" type="checkbox"/> Employment, Credit, or Insurance <input type="checkbox"/> Court <input type="checkbox"/> Other: _____
<input type="checkbox"/> Current Application <input type="checkbox"/> Application History <input type="checkbox"/> Address History <input type="checkbox"/> Other Driving-Related Record(s) _____	For partial histories, please complete: from ____/____/____ to ____/____/____ Date ____/____/____ <small>(Hearing, Offense, License Status, etc.)</small>	
Individual's Full Name (First, Middle, Last)	Driver's License/Personal ID Number	Date of Birth
Individual's Full Name (First, Middle, Last)	Driver's License/Personal ID Number	Date of Birth

Section 4. Registration or Title Information (Insurance information is not retained and is not available.)			
License Plate or Registration Number	Vehicle Year	Make and Model	Vehicle or Hull Identification Number
Check boxes that apply:			
<input type="checkbox"/> Current Vehicle Owner and Lienholder Information <input type="checkbox"/> Registration Information as of ____/____/____ <input type="checkbox"/> Copy of Current Title Application and Related Forms <input type="checkbox"/> Complete Title History <input type="checkbox"/> Complete Registration History <input type="checkbox"/> Partial Title History <input type="checkbox"/> Partial Registration History			
For partial histories, please complete: from ____/____/____ to ____/____/____			
Check box if you want:			
<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.*			
Vehicle Owner(s) Name		For Office Use Only	
Vehicle Owner(s) Address			
City	State		

BDVR-155 (11/16)

SECTION 3 MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST FOR RECORDS