

# **Motor Vehicle Report Ordering Form**

## **J.D Chapman Agency, Inc.**

**Please fax or mail request to office that handles your account.**

### **Macedon Location:**

**66 Main Street, Macedon, New York 14502**

**(315) 986-4062**

**FAX (315) 986-5813**

### **Canandaigua Location:**

**498 North Main Street Canandaigua, New York 14424**

**(585) 394-5482**

**FAX (585) 394-5745**

I \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(company name)

**To obtain my motor vehicle report**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
(As it appears on your license)

**Date of Birth** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_

**State** \_\_\_\_\_

**Contact name for MVR results.**

**Name** \_\_\_\_\_

**Phone number** \_\_\_\_\_