



Telephone
Emergency: Dial 911
Non-Emergency: 297-3897

New Hackensack Fire District

217 Myers Corners Road, Wappingers Falls, N.Y. 12590

Motor Vehicle Driver License Information Consent Form

I _____ HEREBY AGREE AND GRANT PERMISSION
(PRINT NAME)

TO NEW HACKENSACK FIRE DISTRICT TO SECURE AND REVIEW MY
MOTOR VEHICLE RECORD.

I HEREBY UNDERSTAND THAT THIS REVIEW IS FOR INSURANCE
UNDERWRITING PURPOSES ONLY.

DRIVER'S LICENSE # _____

DATE OF BIRTH _____

SIGNED: _____

WITNESS: _____

DATE: _____

A COPY OF THE REPORT CAN BE OBTAINED BY WRITING:

*ChoicePoint Consumer Center
PO Box 105108
Atlanta, GA 30348-5108*