

Certified Driver Records Request Form

County and City Attorneys Only

1. Please select one:
 County Attorney City Attorney

2. Bar Number: _____

3. Please add the County's and City's you will be requesting records for:
 NOTE: This is for billing purposes.

	Counties	Cities
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

4. Fax the form to Nebraska.gov

Subscriber Signature

Email Address

Printed Subscriber Name

Nebraska.gov Account Number

Phone Number/Fax Number

Date