

**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