

Phone Number/Fax Number

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## **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 if for billing purposes. Cities Counties 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

Date