

(Date of Letter)

(Department of Motor Vehicle Registration)

(Street Address)

(City, State and Zip Code)

RE: License Identification

Attn: Licensing Department

Dear Licensing Clerk:

Please provide the name and address of the individual to whom the following license is registered:
(identify the license number). This information is needed due to the fact that an accident (or near accident) involving the vehicle identified with the foregoing license number occurred on the day of (month/year). For this reason, the identity and address of the owner of the vehicle are respectfully requested for a proper accident report to be completed. Thank you for your immediate attention to this matter.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)