



**REQUEST FOR "DLS PACKET"**

Department of Motor Vehicles  
Agency of Transportation

120 State Street  
Montpelier, Vermont 05603  
802.828.2050  
**dmv.vermont.gov**

**PLEASE NOTE:** DMV must receive this request at least **10 working days** prior to the date needed to ensure its timely receipt. Form must be completed in full or it will be returned. If you have any questions or require assistance, contact DMV Driver Improvement Information Unit; 802.828.2050 or [dmv.driverimprovement@vermont.gov](mailto:dmv.driverimprovement@vermont.gov). Requests may be mailed to address above or fax to 802.828.2098.

Name of Requestor:		
Department/Office:		
Mailing Address:		
City:	State:	Zip:
Telephone #:	Email address:	
Name of Alleged Violator:		
Date of Birth:	VT License Number:	
Date of Alleged Offense:	Anticipated Court Date:	

**TYPE OF OFFENSE** (Please check one of the following)

Civil Offense:       Criminal Offense:

\_\_\_\_\_  
**Signature of Requester:**  
(required)

\_\_\_\_\_  
**Date:**

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act 18 U.S.C. §2723 and 23 V.S.A. §202.