

**INFORMATION REQUIRED FOR PRODUCTION OF CONFIDENTIAL MOTOR VEHICLE INFORMATION/DOCUMENTS**

Date of Request: \_\_\_\_\_

Person Submitting Subpoena/Request: \_\_\_\_\_

The motor vehicle information/documents you have requested are protected from disclosure under federal and state law.<sup>1</sup> This information may be disclosed when it is sought for use in connection with any ‘civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency.’ Ref: 18 U.S.C. § 2721 (b). However, in order for the Department to exercise its discretion to release such information, the personal information requested must be for a ‘permitted use.’<sup>2</sup> A ‘permitted use’ implies a ‘reasonable likelihood’ that the decision maker in a court proceeding would find the information useful in the course of the proceeding.<sup>3</sup> Therefore, in order to obtain the personal information requested, please provide the Department with the following information:

- (i) Please explain in the ‘Response Section’ below the anticipated use of the information:
- (ii) Please explain in the ‘Response Section’ below the relevance of the information:
- (iii) A certificate of service or certification hereunder that the persons whose information you seek has been notified of a subpoena or request for information/documents. *If this provision does not apply to your request, please explain in the ‘Response Section’ below.*

Please respond within seven (7) business days of the date of service of the subpoena or request for information in order to secure a timely production of records.

**RESPONSE:**

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The undersigned Requestor does hereby certify that the information set forth above is true and correct.

\_\_\_\_\_  
(Requestor’s Signature)

\_\_\_\_\_  
(Witness’s Signature)

\_\_\_\_\_  
(Requestor’s Printed Name)

\_\_\_\_\_  
(Witness’s Printed Name)

\_\_\_\_\_  
(Requestor’s Printed Address)

\_\_\_\_\_  
(Witness’s Printed Address)

\_\_\_\_\_  
(Requestor’s Phone # including area code)

\_\_\_\_\_  
(Witness’s Phone # including area code)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**Title Processing Research:  
Phone: 1-855-406-5221**

**Mailing Address:  
Georgia Department of Revenue  
Motor Vehicle  
Title Processing - Research  
PO BOX 740381  
Atlanta, GA 30374**

<sup>1</sup> See 18 U.S.C. §§ 2721-2725 et seq. (the ‘Driver’s Privacy Protection Act’); O.C.G.A. §40-3-23 and §40-2-130.

<sup>2</sup> *Pichler v. UNITE, et al.*, 339 F. Supp. 2d 665 (E.D. Pa. 2004).

<sup>3</sup> *Id.*