PII ACCESS REQUEST FORM DEPARTMENT OF TRANSPORTATION DIVISION_

Name:	(Must provide identification)
Address:	
Please che	eck □ Home Address or □ Business Address
If busines	s address, please provide company name:
	o help us identify systems that may contain information about you, please tell out your relationship with the Department:
	Employee or contractor Former Employee Family member of an employee or contractor Individual (citizen or consumer) Legal Representative of an individual – please provide the individual's name and address and describe your relationship
	Other – please describe
Type of Ac	ecess Requested:
	Paper Copy (charge of \$0.50 per page may apply)
	Request Access to File
Please present or include a copy of an identification document that includes your name and address. Your access report will be mailed to the address on your identification document. (Employees may also receive the report from their HR manager.)	
Signature:	Date: