

# Department of Motor Vehicle Request for Information Form

**Please print clearly and send to:**

DEPARTMENT OF MOTOR VEHICLE  
60 State Street  
Wethersfield, CT 06109

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**Please send me information regarding:**

\_\_\_\_\_ License/registration restoration

\_\_\_\_\_ License/registration renewal

\_\_\_\_\_ How to obtain a first time driver's license

\_\_\_\_\_ Name, Address, Phone and Operating hours of the nearest Full Service

DMV office for the town of \_\_\_\_\_ (supply name of the town)

\_\_\_\_\_ Other information requested is for:

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**Please send to:**

Name \_\_\_\_\_

Inmate Number \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_