REQUEST FOR INFORMATION
FEDERAL TAX LIENS (SDCL 44-7-8.1)

Information Request on the following named:_____

Information Requested by:_____

****

REQUEST INFORMATION (BELOW FOR COUNTY PERSONNEL ONLY)

FILE NUMBER **DATE & HOUR OF FILING**

CERTIFICATE: The undersigned filing officer hereby certifies that:

_____The above listing is a record of Federal Tax Liens or Notices affecting the Lien that have been filed which name the above and which are on file in my office as of _____at the hour of _____ ___.m.

_____The above listing is a record of Federal Tax Liens that have been filed which name the above and **have not been Released** and which are on file in my office as of _____at the hour of _____ ___.m.

The attached _____pages are true and exact copies of all available Federal Tax Liens requested above.

The Search is $20.00 per name and a copy of the liens are 1.00 per document.

Date:_____ _____

Signature of officer - Register of Deeds/Deputy