

**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