

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

Requesting Party

Name, Address and & Phone Number:

Debtor Name

Address & SSN (if known):

Pease mark (X) specific request:

_____ \$15.00 Verbal Information Request

_____ \$20.00 Written Information Request

_____ \$ 1.00 Copies

DO NOT WRITE BELOW THIS LINE

FILE #	FILE DATE:	AMOUNT:
FILE #	FILE DATE:	AMOUNT:
FILE #	FILE DATE:	AMOUNT:
FILE #	FILE DATE:	AMOUNT:
FILE #	FILE DATE:	AMOUNT:

Certificate: The undersigned filing officer hereby certifies that:

_____ 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 the office of the Register of Deeds as of _____ the hour of _____ m.

_____ The above listing is a record of Federal Tax Liens that have been filed which name the above and **have been satisfied and released** and which release is on file in the Office of Register of Deeds.

By: _____ Date _____

Fall River/Shannon County Register of Deeds
906 N. River Street
Hot Springs, SD 57747
(605) 745-5139