

INFORMATION REQUEST

FOLLOW INSTRUCTIONS

A. SUBMITTER NAME & PHONE (optional)	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT SUBMITTER	
C. RETURN SEARCH RESULTS TO: (Name and Address)	
<div style="border: 1px solid black; height: 100px; margin: 5px;"></div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME to be searched: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

1a. ORGANIZATION'S NAME	
OR	
1b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor name identified in item 1:

SEARCH TYPE ☐ NON-CERTIFIED **OR** ☐ CERTIFIED

Select one of the following two options: ☐ UNLAPSED RECORDS ONLY ☐ ALL (Results provide all matching records, including those that have lapsed.)

INCLUDE COPIES? ☐ YES ☐ NO

INCLUDE ALL AVAILABLE LIENS IN INDEX (if applicable)? ☐ YES ☐ NO

3. COPY REQUEST ONLY (no search will be conducted) ☐ CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

4. ADDITIONAL SERVICES:

5. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item C unless otherwise instructed here):

- 5a. ☐ Pick Up
- 5b. ☐ Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)