



*1644 Concourse Dr., PO Box 6860
Rapid City, SD 57709
Phone: 866-523-9485 Fax: 605-348-8537*

Certificate Request Form:

Primary Debtor: _____

First Name: _____ Middle (If applicable) _____

Last Name: _____

Last 4 of SSN: _____

Secondary Debtor: _____

First Name: _____ Middle (If applicable) _____

Last Name: _____

Last 4 of SSN: _____

Judicial District: _____

Pre: _____

Post: _____

Firm/Attorney Name: _____

Name of Person Requesting document: _____

Fax/send to: _____

Telephone # to contact: _____

Special Requests:
