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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)

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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)

OR

1a. ORGANIZATION'S NAME

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.)

FILING OFFICE COPY (1) — INFORMATION REQUEST (Form UCC11) (Rev. 07/01/23)