STATEWIDE NO FEE RECORD RECORD SEARCH REQUEST FORM

NOTE: To assist with your request please complete this form. All fees must be paid prior to searches. Searches will be done as timely as possible to maintain proper service for everyone. E-mail is the preferred method for submission and response. **Any criminal search will require a full name and DOB.**

| Requesting Agency | Name: | | | |
|---|--|---------------------------|---------------------|------------------|
| Address: | City | r: | State: Ziŗ | D: |
| Indicate the search of Statewide Criminal | | Statewide All Case Typ | es (Criminal & Ci | ivil) |
| Last Name | First Name | Middle | DOE | 3 |
| | | | | |
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| | | | | |
| | | | | |
| Business Name: | | | | |
| REQUEST FOR WA | AIVER FEES | | | |
| I hereby certify I med | et one of the following exe | emptions and am not req | uired to pay a fee | e: (check one) |
| | as a party in the South Da ccess to or I am the legal | | | s) that I am |
| A qualified a | gency of: | | | |
| State of Sou | th Dakota, its officers, boa | ards, agencies, commiss | ons, or political s | subdivisions. |
| Name of Age | ency: | | | |
| Officers, boa | ards, agencies, commissio lian tribes. | ns of a city, county, the | ederal governme | ent or a foreign |
| Name of Age | ancv. | | | |

| and presiding a valid ORI with the request investigatory agencies with ORI numbers i | cohol, Tobacco and Firearms | | | |
|--|-----------------------------|--|--|--|
| ORI #: | | | | |
| Under penalty of law, I hereby certify the information provided on the Request for Waiver to be true and correct. If you do not include the following signature a search fee must accompany his request. | | | | |
| Signature | Date | | | |

Please submit the completed form via email to ujsparssupport@ujs.state.sd.us or submit by mail to 500 East Capitol Avenue, Attn: Clerk Support, Pierre, SD 57501.