



**STATE OF MINNESOTA  
UCC-12 REQUEST FOR  
TAX LIEN INFORMATION OR COPIES**

For Filing Officer

This statement is presented *pursuant to Minnesota Statutes Sections 270C.63, 272.483 and 336.9-523.* (Type in Black Ink)

OPTIONS (choose one); SEARCH IS OF RECORDS OF SINGLE FILING OFFICE ONLY.

**INFORMATION LISTING ONLY**

(Includes state and federal tax liens showing all taxpayer names and addresses, government entity, filing information and description of subsequent filings).

**COPIES ONLY**

(Includes state and federal tax liens showing the file number, the file date and copies of the tax liens that are filed in the filing office where the request was processed).

**COMBINATION INFORMATION AND COPIES**

(Includes data as described in information option and copies of the tax liens that are filed in the filing office where the request was processed).

FILING OFFICER please furnish certificate showing any presently effective tax liens as of:

date of processing

from \_\_\_\_\_ to date of processing

Taxpayer (Last) Name or Business Name		First Name	Middle Name
Mailing Address			
City	State	Zip Code	

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Telephone Number

File Number	Date and Hour of Filing	Amount of Lien	Government Authority and Address

**CERTIFICATE**

The filing officer certifies that:

The above listing is a record of all state and/or federal tax liens which name the requested taxpayer and which are on file in the filing office as of: \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ m

The attached certificate lists all state and/or federal tax liens which name the requested taxpayer and which are on file in the filing office as of the date and time shown on the certificate.

The attached \_\_\_\_\_ pages are true and exact copies of the tax liens.

RETURN REQUESTED INFORMATION TO: (name and address)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of filing officer