

Print

Reset

New Hampshire UCC Form 11-U Information Request

A. Name and Phone of Contact Person at Requestor

B. Return to: (name and address)

1. **DEBTOR NAME** to be searched – Insert only one debtor name in 1A or 1B. Do not combine names.

1A. ORGANIZATION NAME

1B. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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2. **INFORMATION OPTIONS** relating to UCC filings and other notices that include as a debtor, the name indicated in item 1. Select one of the following:

- 2a. *Certified Search Response Without Copies* (Check this box to request a response without copies that is complete and includes all filings that are on file.)
- 2b. *Certified Search With Copies* (Check this box to request a response with copies of all filings that are on file.)
- 2c. *Specified Copies only* **CERTIFIED JACKET** (optional)

Record Number	Date record Filed (if required)
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- Unlapsed Lapsed Both

3. Type of Service Requested:

3a. Service (applicable only to State UCC office)
(check one **only**)

- Routine (\$10 plus \$1 per copy)
- 24-Hour Expedited (\$25 plus \$1 per copy)
- Same-Day Expedited (\$35 plus \$1 per copy)

3b. Cost of copies will not exceed the indicated maximum below: (check one)

- \$25.00 \$50.00
- \$100.00 no limit

Completed: _____