For Office Use Only	
Date Rcv'd Dues Pd	
Bond Payment Cert. Sent	

South Dakota Towns and Townships Bond Alliance

APPLICATION FOR PUBLIC OFFICIAL BOND - FINANCE OFFICER

Check Here if Same as Last Year(Current Members Only) (If same as last year skip to #29) 1. Town Name _____ 2. County_____ Email 3. Name of Applicant City____State__Zip____ Residence Address 5. To Whom Bond is Given 6. Amount of Bond 7. Applicant's Official Title:___ **Elected or Appointed (Circle one)** 8. Are any other Bonds furnished by you in connection with this or any other official position? _____Yes _____No 9. If so, state the position, the amounts of Bonds and Names of Sureties: 10. Have you ever been bonded before? _____ Yes _____ No 11. Have you ever been denied a Bond? _____ Yes ____ No 12. If you have been denied a Bond, explain: _____ 13. Have you ever been convicted of a felony? _____Yes _____ No If yes, describe: _____ 14. Duties of your office – State fully _____ 15. Money Handled during year (Approximate): Amount: \$____ 16. Largest Amount on Hand at any time: \$______ Period of Largest Amount: _____ 17. To whom are receipts turned over How Often? 18. Periods of Largest Receipts _____ 19. Depository Banks ___ Limit of Deposit, if any 20 Depositories designated by (attach copies of Resolutions, if new) 21. Deposits in Name of ____ 22. Will interest on deposit be paid to Applicant – Personally? _____Yes _____ No 23. Are funds withdrawn by check of Applicant? _____Yes ____ No 24. Are counter signatures required? _____Yes _____ No If yes, are all checks properly countersigned? _____ Yes ____ No 25. Are funds paid on Warrants? _____ Yes ____ No 26. Do Warrants become part of check or draft? ____ Yes ____ No 27. Securities in Custody of Applicant: \$ _____ _____ Where Deposited: _____ 28. What Joint Control? _____ How Often? 29. Accounts Audited by: _____ _____ Is Audit required by law? _____ Yes _____ No 31. What taxes collected __ 32. Approximate Amount Collected: _____ When collected? _

33. Extent of liability for uncollected taxes: ___

35. Date of Annual Settlement:	With Whom?
36. Tax Liens filed - When?	
37. Do you continue to collect delinqu	ent taxes and how long?
Signature:	Date:
	Office use Date Received
	Office use Date Received