

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The Request and all supporting documentation must be received in the Office of the Secretary of State no later than **5:00 p.m. CT on the Thursday prior to the Board of Finance meeting.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: _____

Requested Write Off Amount: _____

Date Debt Became Delinquent: _____

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: _____

Current Amount Due: _____

Collection Efforts History: _____

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- Death Bankruptcy Under \$25 Unverifiable Other Government Statute of Limitations
 Other (explain)

Reason for write off request: Returned from ORC Other (explain) _____

Fiscal Officer Contact Information

Signature: _____

Name: _____

Agency/Institution: _____

Address: _____

Telephone: _____

Email: _____

Approval by State Board of Finance

Approved by the
State Board of
Finance on

_____ Date

_____ Signature of Secretary, State Board of Finance