

South Dakota Towns and Townships Bond Alliance

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

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 _____
3. Name of Applicant _____ Email _____
Residence Address _____ City _____ State _____ Zip _____
4. Position: _____ 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 Are funds withdrawn by check of Applicant?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? _____
29. Accounts Audited by: _____ How Often? _____
30. Date of Last Audit: _____ Is Audit required by law? _____ Yes _____ No
31. What taxes collected _____
32. Approximate Amount Collected: _____ When collected? _____
33. Extent of liability for uncollected taxes: _____

34. How Relieved from Liability: _____

35. Date of Annual Settlement: _____ With Whom? _____

36. Tax Liens filed - When? _____

37. Do you continue to collect delinquent taxes and how long? _____

Signature: _____ Date: _____

Office use **Date Received** _____