

South Dakota Towns and Townships Bond Alliance
(SDTTBA)

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

APPLICATION FOR PUBLIC OFFICIAL BOND – CLERK & TREASURER of TOWNSHIPS

****See Reverse for Explanations/Instructions****

Township Name: _____ County _____

_____ Please check here if information has not changed, then skip to #17 -#18, sign & date (Current Members Only)

CLERK:

1. Name of Applicant _____ 2. Phone _____

3. Email Address _____

4. Residence Address _____

5. City _____ 6.State _____ Zip _____ 7. Amount of bond _____

8. Are funds withdrawn by check of applicant? ____ Yes ____ No 9. Have you ever been bonded before? ____ Yes ____ No

10. Have you ever been denied a bond? ____ Yes ____ No

11. Have you ever been convicted of a felony or received a suspended imposition of sentence? ____ Yes ____ No (If yes to either, describe on reverse.)

TREASURER:

1. Name of Applicant _____ 2. Phone _____

3. Email Address _____

4. Residence Address _____

5. City _____ 6.State _____ Zip _____ 7. Amount of bond _____

8. Are funds withdrawn by check of applicant? ____ Yes ____ No 9. Have you ever been bonded before? ____ Yes ____ No

10. Have you ever been denied a bond? ____ Yes ____ No

11. Have you ever been convicted of a felony or received a suspended imposition of sentence? ____ Yes ____ No
(If yes to either, describe on reverse.)

12. Money handled during year (Approximate): (this amount is the total amount received as income each year)

Amount: \$ _____

13. Largest amount on hand at any time: \$ _____

14. Depositories designated by (attach copies of Resolutions) _____

_____ (bank name and address required)

15. Deposits in name of _____

16. Do you adhere to the requirement by policy of SDTTBA of 3 signatures on a check/warrant?

____ Yes ____ No

17. Financial accounts reviewed by: _____ How Often? _____

18. Date of last review: _____ (the supervisors are to audit all accounts payable i.e.: SDCL 8-10-15 and SDCL 8-10-16)

Signature(Clerk): _____ Date: _____

Signature(Treasurer): _____ Date: _____

If explanation is needed for #11 and/or #12:

#11 – Explanation: _____

#12 – Explanation: _____

Instructions for Filling Out Application for Bonding of Treasurer & Clerk

1. Name of treasurer or clerk
2. Treasurer/clerk's phone
3. Treasurer/clerk's email address
4. Treasurer/clerk's address
7. Fill in the amount you want the bond for. (i.e. 50,000, 100,000, 150,000, etc)
8. Are the checks written from the applicant's account?
9. Has applicant been bonded before?
10. Has applicant been denied a bond?
11. Have you ever been convicted of a felony? If so, describe.

12. Approximated total amount of money received as income for the year.
13. Largest amount of money on hand at any time.

14. Bank Name and Address. Attach resolutions if this is a new depository.
15. Name that is used for deposits. (Usually township name)
16. Do you have three signatures on all checks? SDTTBA policy requires 3 signatures.
- 17-18. Accounts are normally audited annually at your meeting the last Monday in February, by the supervisors.