



# SUPERIOR COURT



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
Commonwealth Recorder's Office  
Guma' Hustisia, Iimwal Aweewe, House of Justice  
P.O. BOX 500307, SAIPAN, MP 96950-0307

Telephone: (670) 236-9703  
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Uniform Commercial Code – REQUEST FOR INFORMATION OR COPIES – FORM UCC-3  
Fees for request for information and request for copy(ies) are listed under the Northern Mariana Islands Judiciary Fee Schedule [ADMINISTRATIVE ORDER 2017-ADM-0003-MSC].  
For the purposes of assessing fees, request for information is treated synonymously with the recording of UCC documents.

Debtor: (Last Name, First Name) and Address:	Party Requesting Information or Copies Name and Address

INFORMATION REQUEST

Please furnish certificate showing whether there is on file as of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_ A.M./P.M (Circle One), any presently effective financing statement naming the above-named debtor and any statement of assignment thereof, and if there is, giving the date and hour of filing of each such statement and the name and address of each secured party therein.

COPY REQUEST

Please furnish copies of presently effective financing statements and statements of assignment listed below which are on file with your office, at the rate of \$2.00 per page.

File Number	Date & Hour	Name & Address of Secured Parties & Assignments

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Requesting Party

CERTIFICATE: The Undersigned hereby certifies that the above listing is a record of all presently effective financing statements and statements of assignment which name the above debtor and which are on file in my office as of \_\_\_\_\_ 20\_\_ at \_\_\_\_ A.M./P.M. (Circle One)

\_\_\_\_\_

Date

\_\_\_\_\_

Commonwealth Recorder