

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

REQUEST TO RECEIVE ELECTRONIC NOTICE

Bankruptcy Case Number:	
Last Name:	
First Name:	
Middle Name:	
Office (if any):	
Mailing Address:	
City:	
State:	
Zip Code:	
Phone:	
Fax:	
E-mail Address:	

I request to receive electronic notice and consent to service by electronic means when permitted under applicable rules and the Court's Electronic Case Filing Administrative Procedures.

Date: _____

Signature: _____

Mail the original to:

Frederick M. Entwistle, Clerk
U.S. Bankruptcy Court
400 South Phillips Avenue, Room 104
Sioux Falls, SD 57104-6851