## REQUEST FOR CANCELLATION BY LICENSED FINANCIAL INSTITUTION (Pursuant to R.S. 44:109B)

## STATE OF LOUISIANA PARISH OF ST. MARTIN

BE IT KNOWN that on this Notary, duly commissioned and qu PERSONALLY CAME AND AR	day of	before me the undersigned State,	
Represented herein by:			
Title:	, its duly authorized representative, where the second sec	no after being duly sworn	
declared:			
	tion is: (Please initial the appropriate box)  ) Lending Agency ( ) Other Person Cond	lucting Such Business	
Whose licensing or regulatory auth	nority is		
	(Please initial the appropriate box) al institution was the obligee or authorized ago bed below when the obligation was extinguish		
( ) The above named financia secured obligation describ	al institution is the obligee or authorized agen ped below;	t of the obligee of the	
The said secured obligation has be mortgage or privilege is hereby rel	en paid or otherwise satisfied or extinguished eased.	and further the said	
	for the Parish of St. Martin is hereby requested ortgage or privilege described as follows:	ed, authorized and directed	
Mortgage or Privilege granted by In favor of			
In the sum of	Dated		
Entry Number	Dated	FOLIO	
of the official records of St. Martin Par	rish, Louisiana, which affects the following describ	ped property:	
St. Martin Parish and any of its em	at he is liable to and shall indemnify the Recomployees or agents relying on this Request for equence of such reliance in accordance with particles and statement of SIGNATURE:	Cancellation for any provisions of R.S. 44:110.	
WIII(EBBEB.			
		PRINTED NAME:	
	COMPANY NAME:		
	TITLE:		
	ADDRESS:		
	TELEPHONE NO:		
Sworn to and subscribed before me this day of		, 20	
Printe	Notary Public		
ID or	Bar Roll Number:		