



OKLAHOMA SECRETARY OF STATE
DEBTOR COMPLAINT FORM

Title 12A of the Oklahoma Statutes, Section 9-307.6(9-10) states: *The secured party shall file a termination statement within twenty (20) days after there is no outstanding secured obligation and no commitment to make advances, incur obligations or otherwise give value. The secured party shall not be required to file a termination statement if the debtor, in writing, addressed to the secured party, requests said statement not be filed. Said request shall be signed by the debtor or his authorized representative and said request may be made at any time prior to the termination date set forth herein. If the affected secured party fails to file such termination statement as required by this subsection, he shall be liable to the Secretary of State for Five Hundred Dollars (\$500.00) and in addition he shall be liable to the debtor for any loss caused to the debtor by such failure. The Attorney General shall be responsible for enforcing the provisions of subsection (9) of this section on behalf of the Secretary of State and is authorized to take appropriate actions to collect any penalties owed to the Secretary of State pursuant to subsection (9) of this section. When the Attorney General collects any such penalty, he shall cause the penalty to be deposited into the Central Filing System Revolving Fund created pursuant to Section 276.3 of Title 62 of the Oklahoma Statutes.*

As a debtor affected by the above statute, I did not knowingly submit a request in writing to the secured party that a termination not be filed when my agricultural lien was repaid. I have repaid all liens secured with agricultural products more than 20 days ago. I would like to request the enforcement of 12A O.S., §9-307.6 sanctions against the secured party.

Signed: _____ **Date:** _____

Debtor: **Name:** _____
 Address: _____
 City: _____
 State: _____ **Zip Code** _____
 Telephone: _____

Description of Collateral: _____

Secured Party: **Name:** _____
 Address: _____
 City: _____
 State: _____ **Zip Code** _____
 Telephone: _____