

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
ELECTRICAL COMMISSION

217 W. Missouri Ave. Pierre, South Dakota 57501
Tel: 605.773.3573 | Fax: 605.773.6213 | dlr.sd.gov

UNDERTAKING FUND CLAIM FORM

SDCL 36-16-20; ARSD Chapter 20:44:26

Submitter Name: _____

Submitter Address: _____

Submitter Phone: _____

Submitter E-mail address: _____

Name of contractor who performed the installation: _____

Description of work to be completed:

Description of work not completed and/or improperly completed:

Amount paid to contractor (attach proof of payment if available): \$_____

Attach three bids for correction and/or completion of the installation as required under ARSD 20:44:26:02(4):

____ I certify that I have not obtained a civil judgment against the contractor who performed this installation (ARSD 20:44:26:02(5)).

Submitter Name

Date