

Appendix C: Bail Bond Revocation Request Form

Name of Licensed Insurance Producer Posting Bail Bond: Charles Schmidt RPB: #403601 e-Bailbonds (303) 350-6351 P.O Box 1899 Fax: (720) 524-3967 Arvada CO 80001-1899 www.e-bailbonds.us info@e-bailbonds.us	BANKERS INSURANCE COMPANY 11101 ROOSEVELT BLVD. N. ST. PETERSBURG, FL 33716 800-627-0000
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(Insurance Producer name, license number, physical address and phone number must be printed or stamped above)

BAIL BOND REVOCATION REQUEST

Combining multiple Bail Bonds on this form is prohibited

Defendant Name	Bail Bond Amount
Court Name (if assigned)	Court Case No. (if assigned)

I, _____ request that the bail bond specified above be revoked.
 (defendant or indemnitor name)

Defendant or Indemnitor printed name

Defendant or Indemnitor Signature

Date

Printed Name of Licensed Insurance Producer

Signature of Licensed Insurance Producer

Date

Form shall be Deemed Incomplete and Non-Compliant if not filled out correctly and completely

A completed copy of this document must be kept in the Insurance Producer's records.