

# Washington County Bail Bond Board Withdrawal of Security

Date of Request: \_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

License number: \_\_\_\_\_ Agent: \_\_\_\_\_

Amount requesting to withdraw: \_\_\_\_\_

**Section below line to be completed by Bail Bond Board Administrator**

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Date summary performed: \_\_\_\_\_

Summary performed by: \_\_\_\_\_

Amount of security deposited: \_\_\_\_\_

Amount of outstanding bonds: \_\_\_\_\_

Total amount eligible for withdrawal: \_\_\_\_\_

**Section below line to be completed by Bail Bond Board**

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Meeting date Request was reviewed: \_\_\_\_\_

Moved by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Approved/Disapproved to return: \$\_\_\_\_\_

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Chairperson Signature

**Section below line to be completed by Treasurer**

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Date Returned: \_\_\_\_\_

Amount Returned: \_\_\_\_\_

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Treasurer Signature

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