

THE NORTH RIVER INSURANCE COMPANY
11490 Westheimer Rd., Suite 300 77077
P.O. Box 2807 • Houston, Texas 77252-2807
(713) 954-8100 • (713) 954-8389 FAX



Stamped Name, Agency Name, Address, Phone Number
and License Number of The Bail Bonding Agent

Receipt No. _____

RECEIPT FOR RETURN OF COLLATERAL DEPOSITED

RECEIVED OF:

Name: _____

Address: _____

Defendant Name: _____

Indemnitor Name: _____

Power No. _____ Penal Sum of Bond: _____ Charges: _____

Type of Collateral: Cash \$ _____ Credit \$ _____ Check \$ _____, # _____

Deed of Trust: _____
(Address)

Vehicle: _____
(Make, Model, Year)

Other: _____

Description and Condition of Collateral: _____

ACKNOWLEDGEMENT

The undersigned hereby surrenders the original collateral receipt and acknowledges the return and receipt of all collateral listed above. The collateral has been returned in good and sufficient condition and the depositor(s) hereby relieves the surety agent and the surety company from any further liability or responsibility in relation to the collateral.

X _____
Signature Date

X _____
The Bail Bonding Agent Signature Date

Of: Defendant Indemnitor