

**Appendix C: Bail Bond Revocation Request Form**

<p><b>United States Fire Insurance Company</b> 157 Main Street, Greenville, PA 16125 P.O. Box 806, Greenville, PA 16125 (800) 245-0366   FAX (724) 588-8801 Email: CourtNotices@cfins.com</p>	
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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

<b>Defendant Name</b>	<b>Bail Bond Amount</b>
<b>Court Name (if assigned)</b>	<b>Court Case No. (if assigned)</b>

I, \_\_\_\_\_ request that the bail bond specified above be revoked.

\_\_\_\_\_  
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.**