



# CERTIFICATE OF DISCHARGE OF BOND

3214 Chicago Drive Hudsonville, Michigan 49426  
(800) 874-8742 • (616) 662-4460 FAX

POWER NO. \_\_\_\_\_

BOND AMT. \$ \_\_\_\_\_

This is to certify that on or about the \_\_\_\_\_ day of \_\_\_\_\_, I examined the records of \_\_\_\_\_ Court/Case No. \_\_\_\_\_ and found that the bond with corresponding power number

above has been discharged of record by reason of the following disposition:  Pled Guilty  Sentenced  Found Guilty  
 Case Dismissed  Forfeiture Paid  Other \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Person rendering decision \_\_\_\_\_

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_,

Title \_\_\_\_\_

By \_\_\_\_\_

Bond Amount \_\_\_\_\_  
Appearance Date \_\_\_\_\_  
Defendant \_\_\_\_\_  
Court \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Offense \_\_\_\_\_  
If rewrite, original # \_\_\_\_\_  
Executing Agent \_\_\_\_\_  
Agent # \_\_\_\_\_

### TO THE CLERK OF THE COURT

Will you please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at:

UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY  
ATTN: BAIL SURETY  
3214 Chicago Drive  
Hudsonville, MI 49426

UFC-0007 (11/14)



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