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ACCREDITED SURETY AND CASUALTY COMPANY, INC.
4798 NEW BROAD STREET • SUITE 200
ORLANDO, FL 32814
PHONE: 407.629.8131

RECEIPT and STATEMENT OF CHARGES

Received of:

NAME Self

ADDRESS _____

Expenses (Itemize in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses.)

Was Collateral taken: (YES) (NO) (NO) If Yes, only use collateral receipt furnished above.

Name and Address of Bail Bond Agency _____

By Romely

POWER NUMBER <u>ATU</u>	
DATE	<u>9-14-12</u>
\$	<u>1000-</u>
	BAIL BOND PREMIUM
\$	<u>-</u>
	MISC. CHARGES
\$	<u>1000-</u>
	TOTAL CHARGES
\$	<u>1000-</u>
	RECEIVED ON ACCOUNT
\$	<u>[Signature]</u>
	BALANCE DUE

MEMORANDUM OF BAIL BOND FURNISHED

Defendant _____ Amount of Bond \$ 10,000 Date Filed _____

Defendant Date of Birth _____ Social Security Number Room 7

Charges 23152(a) + (b) VC

Date Released _____ Date to Appear Oct 5 2012 Time 1030 AM

Case No. ON VIEW Court Superior City/St Santa Rosa CA

Received Copy of Above Receipt and Memo (Signature of Defendant or Depositor) X

CB-011(B) (03/08)

COPY FOR DEFENDANT