

SENECA INSURANCE COMPANY, INC.
157 Main Street, Greenville, PA 16125
P.O. Box 806, Greenville, PA 16125
(800) 245-0366 | FAX (724) 588-8801
Email: CourtNotices@cfins.com

CERTIFICATE OF DISCHARGE OF BOND

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 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

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:

SENECA INSURANCE COMPANY, INC.

ATTN: BAIL SURETY

157 Main Street, Greenville, PA 16125

P.O. Box 806, Greenville, PA 16125

S-0007SN SIC Certificate of Discharge (07/22)

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