MTAW INSURANCE COMPANY 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 b	ond with corresponding power number	
above has been discharged	of record by reason of the following	disposition:	☐ Pled Guilty	☐ Found Guilty	
Case Dismissed	☐ Forfeiture Paid	Othe	er		
Date of Discharge		Pers	on rendering decision		
Witness my hand and official seal this			day of		
		7	Title		
Bond Amount		_	Ву		
Appearance Date		_			
Defendant		_ то ті	HE CLERK OF THE COUP	от	
Court			HE CLERK OF THE COOP	<u>11</u>	
City		Places	shock your records for the bon	d listed shave. When the hand has	
State		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			
If rewrite original #		form to	* •	o or exerteration, eight and retain this	
		_	MTAW INSURANCE	F COMPANY	
Executing Agent		_	ATTN: BAIL SURET	Y	
Agent #			157 Main Street, Gr	eenville, PA 16125	
S-0007MIC MTAW Certificate of D	pischarge (08/24)		P.O. Box 806, Green	nville, PA 16125	

MTAW INSURANCE COMPANY 157 Main Street, Greenville, PA 16125

## CERTIFICATE OF DISCHARGE

P.O. Box 806, Greenville, PA 16125 (800) 245-0366 I FAX (724) 588-8801 Email: CourtNotices@cfins.com		OF BOND				
POWER NO		BOND AMT. \$				
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	Court/Case No		and found that the b	oond with corresponding power number		
above has been discharged	of record by reason of the followi	disposition:		☐ Found Guilty		
☐ Case Dismissed	☐ Forfeiture Paid	☐ Other				
Date of Discharge		Person rende	ring decision			
Witness my hand and officia	al seal this		day of	, ;		
		Title				
Bond Amount						
Appearance Date						
Defendant		TO THE CLERK OF THE COURT				
Court			III OI IIIL COOI	<u></u>		
State		Please sheek vo	ur records for the bon	ad listed above. When the hand has		
State						
Offense			form to us at:			

S-0007MIC MTAW Certificate of Discharge (08/24)

Executing Agent\_

Agent # \_

MTAW INSURANCE COMPANY ATTN: BAIL SURETY 157 Main Street, Greenville, PA 16125 P.O. Box 806, Greenville, PA 16125