

## County Treasurer Fort Bend County, Texas

## BONDSMEN REFUND CHECK REQUEST FORM

| Date: _                              | Invoice                                                                       | #:                                      | Vendor #:                                                                                         |              |      |
|--------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------|--------------|------|
| Surety: _                            |                                                                               |                                         |                                                                                                   |              |      |
| Mailing<br>Address: _                |                                                                               |                                         |                                                                                                   |              |      |
| City: _                              |                                                                               |                                         | State:                                                                                            |              | Zip: |
| Payment<br>Description: <sup>—</sup> |                                                                               |                                         |                                                                                                   |              |      |
| Account<br>charged: _                |                                                                               |                                         |                                                                                                   | Amount:      |      |
| Account<br>charged: –                |                                                                               |                                         |                                                                                                   | Amount: _    |      |
| Total Amount: _                      |                                                                               |                                         |                                                                                                   |              |      |
| Date check                           |                                                                               |                                         |                                                                                                   |              |      |
|                                      | REQUI                                                                         | RED DOCUMENT                            | S TO BE INCLUD                                                                                    | <u>)ED</u>   |      |
| 2. Original Bond                     | osecute document (MOTIO)<br>d Fee Receipt (MONEY TRA<br>FEE REFUND APPLICATIO | ANSACTION REC                           | EIPT from Sheriff                                                                                 | ,            |      |
| Failure to comp                      | ly with the requirements abo                                                  | ove will hinder the                     | check dispersal p                                                                                 | rocess.      |      |
| Completed for                        | m and required document                                                       | s may be submit                         | ted via email or i                                                                                | n-person to: |      |
| Direct: 281.341<br>Office: 281.341   | .4460<br>leimann Circle St. 21004                                             | April.W<br>Direct:<br>Office:<br>1422 E | /ashington<br>/ashington@fortb<br>832.471.2095<br>281.341.4460<br>Eugene Heimann<br>ond, TX 77469 |              |      |
| Receipt #                            |                                                                               | Signature:                              |                                                                                                   |              |      |