

**BROWARD SHERIFFS OFFICE
CASH BOND UNIT
P.O. BOX 9507
FORT LAUDERDALE, FL 33310-9507**

LOST BOND RECEIPT FORM

I HEREBY CERTIFY that I posted cash bond _____ with the Sheriff of Broward County, Florida, on _____
(Date Bonds Was Posted) in the amount of _____ and have lost receipt for the same.

I agree to indemnify and save harmless the SHERIFF, its employees, agent and servants against liability arising from any claim, cause of action, or lawsuit brought against the Sheriff, its employees, agents, and servants as a result of the disbursement of the amount represented by bond # _____

I further certify that I have not assigned this bond to my attorney or to any other person.

DEPOSITOR'S SIGNATURE

FLORIDA SHORT FORMS INDIVIDUAL ACKNOWLEDGMENT (F.S.695.25) No.5181

STATE OF FLORIDA

COUNTY OF _____ The foregoing instrument was acknowledged before me this _____ Date

by _____ who is personally known to me
The name of Depositor

or who has produced _____
Type of Identification

As identification and who did (did not) take an oath.

Signature Notary Public, Commission No _____

Seal Above
FORM15.CBU

Name of Notary typed, printed or stamp