

Clerk of the Circuit Court & Comptroller

Office of Gary J. Cooney, Clerk & Comptroller

P.O. Box 7800 • 550 W. Main St. • Tavares, FL 32778-7800 • www.LakeCountyClerk.org

CASH BOND DEPOSITOR CHANGE OF ADDRESS

Case Number:			
State of Florida VS.			
	(De	efendant's Name)	
Name of Cash Bond Depositor:			
		(Please Print)	
NEW MAILING ADDRESS FOR C	CASH BOND DI	EPOSITOR:	
Street Address:			
City:	State:	Zip Code:	
PHONE NUMBERS:			
Home: W	ork:	Cell:	
I am the cash bond depositor on the ab have provided:	oove-listed case a	and request that you mail an	y refund to the address that I
SIGNATURE OF CASH BOND DE	POSITOR:		
		_ DATE:	
STATE OF FLORIDA COUNTY OF LAKE			
Sworn to or affirmed and subscribed b	efore me by mea	ans of physical presence	or or online notarization this
day of	, 20, by	(Name of Person Signing)	
	NOTARY I	PUBLIC or DEPUTY CLE	RK
	(Print, type,	, or stamp commissioned na	me of notary or clerk.)
Personally known or Produced	lidentification of	f	