

Name of Licensed Insurance Producer Posting Bail Bond:	LEXINGTON NATIONAL INSURANCE CORPORATION P.O. BOX 6098 LUTHERVILLE, MARYLAND 21094-6098 888-888-2245
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(Insurance Producer name, license #, physical address and phone # must be printed or stamped above)

## COLORADO BAIL BOND REVOCATION REQUEST

Combining multiple Bail Bonds on this form is prohibited

<b>Defendant's Name</b>	<b>Bail Bond Amount</b>
<b>Court Name (if assigned)</b>	<b>Court Case No. (if assigned)</b>

I, \_\_\_\_\_, request that the bail bond specified above be revoked.  
 (defendant or indemnitor name)

\_\_\_\_\_  
 Defendant or Indemnitor Signature

\_\_\_\_\_  
 Defendant or Indemnitor Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Licensed Insurance Producer Signature

\_\_\_\_\_  
 Licensed Insurance Producer Printed Name

\_\_\_\_\_  
 Date

*Form shall be deemed incomplete and non-compliant if not filled out correctly and completely*

**A completed copy of this document must be kept in the Insurance Producer's records.**

Original – Indemnitor    Copy - Producer