



FLORIDA SHERIFFS INSURANCE AGENCY, LLC

Established 2013

Protecting Those Who Protect Us!

Application for Bond for Forfeiture of Contraband

Application Date

Applicant Name (Law Enforcement Agency)

Applicant's Annual Budget Allocation from County

Claimant Name (should match Claimant name on court documents)

Case/Docket Number, if available

Court County

Court Name

Court Address

Attorney Name

Attorney Email Address

Attorney Assistant Name

Attorney Assistant Email Address

Attorney Mailing Address

Save an electronic copy of this application for your file, then attach the completed application and email to Memberservices@fsrmf.org. Your application will be processed as quickly as possible and the bond and invoice returned to the Email Address(es) you indicate above. Thank you.