

DEPARTMENTS OF FINANCE AND BUDGET

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Budget Director

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Deputy Commissioner of Finance
Deputy Budget Director

CASH REFUND CHANGE OF ADDRESS NOTICE

Name of Surety/Assignee who posted cash in lieu of criminal bail:

Print Last Name Print First Name

Former Address (As it appears on the bail receipt): _____ Apt# _____
City: _____ State: _____ Zip Code: _____

New Address (Where bail refund should be mailed): _____ Apt# _____
City: _____ State: _____ Zip Code: _____

Telephone Number: _____
Email Address: _____

Name of the defendant in the case of People of the State of New York vs.

Print Last Name Print First Name

Print the docket, indictment and/or receipt number below (if available):

Receipt No. Docket No. Indictment No.

I certify that I am the above named surety/assignee, that I authorize the change in my address indicated above and that I am entitled to receive a refund (less a sum equal to 3% as provided by Section 99-m of the New York State General Municipal Law) and less an amount to be paid to the Clerk of the Court in payment of a fine, if such a deduction has been consented to. I hereby acknowledge that the information provided is true and correct to the best of my knowledge.

Signature of surety/assignee

Sworn to before me on this ____
day of _____, 2014

Notary Public