

MARY L. SWAIN



CLERK OF COURTS

SURETY BAIL BOND AGENT REGISTRATION FORM
BUTLER COUNTY COURT OF COMMON PLEAS

Bail Bonding Company Name: _____

Agent: _____

Address: _____

Phone: _____ Fax: _____

Insurance Company: _____

Insurance Contact Name: _____

Insurance Address: _____

Insurance Phone: _____ Fax: _____

Please remit this form with these required attachments:

- _____ 1. Qualifying Power of Attorney from parent insurance company.
- _____ 2. Copy of Certificate of Compliance from State of Ohio Department of Insurance.
- _____ 3. Copy of Agent's Surety Bail Bond Agent License issued by the Ohio Department of Insurance.
- _____ 4. Photo identification from the State of Ohio Department of Insurance.

By Mail: Butler County Clerk of Courts
315 High Street, Suite 550
Hamilton, OH 45011

By fax: 513-887-3966

Note: Registration and filing of a certified copy of a renewed power of attorney shall be performed by the first day of August of each odd numbered year in accordance with O.R.C. § 3905.87.

GOVERNMENT SERVICES CENTER ● 315 HIGH STREET ● SUITE 550 ● HAMILTON, OHIO 45011-6016