

**AARON LOWINGER BAIL BONDS, INC.**  
**P.O. BOX 8469**  
**ELKRIDGE, MARYLAND 21075**  
**(410) 799-4445**  
**(410) 799-4461 FAX**

**PRIVACY ACT WAIVER**  
**DEFENDANT**

The Defendant \_\_\_\_\_ hereby authorizes and directs relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue, the State Department of Disability Insurance, The United States Armed Forces, the State Division of Motor Vehicles, and all Municipal County, State and Federal Law Enforcement Agencies, and any other person or organizations having any information concerning the Defendant's whereabouts to give such information to Aaron Lowinger Bail Bonds, Inc and its assigns and/or duly authorized representatives. The Defendant understands that any information obtained will be used for the purpose of securing the Defendant's appearance and for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The Defendant hereby waives rights with respect to the Privacy Act and authorizes the use of copies of this document by Aaron Lowinger Bail Bonds, Inc and its assigns and/or duly authorized representatives.

THE DEFENDANT HAS READ AND AGREED TO THESE TERMS.

WITNESS the signatures of all parties this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Witness