

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

PRIVACY ACT WAIVER
INDEMNITOR

_____ the Indemnitor of 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 Indemnitor'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 Indemnitor 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 INDEMNITOR AND THE DEFENDANT HAVE READ AND AGREED TO
THESE TERMS. WITNESS** the signatures of all parties this _____ day of
_____, _____.

Indemnitor

Witness

Defendant

Witness