

Request for Professional and Multicounty Bondsman Deposit Adjustment

Date:

Oklahoma Insurance Department
Bail Bond Division
400 NE 50th Street
Oklahoma City OK 73105
Lewis.Garrison@oid.ok.gov

Name:

License number:

What deposit adjustment are you requesting during this public health event, and why?

Please explain in detail your plan to come into compliance, including how long it will take:

Signature: _____