

Form MUST Be On Bond Company Letterhead

Date:

Bond No. _____

Bond Amount: _____

Applicant: Name
 Address
 City State Zip

Beneficiary: El Paso County Board of County Commissioners
 200 S. Cascade Avenue, Suite 100
 Colorado Springs, Colorado 80903

Bond on Behalf of: Insert name address, city state zip, phone

To amend Bond number _____ as issued in your favor:

We, Bond Company Name Address City State Zip hereby amend the previously accepted Bond. This amendment is an integral part of the original Bond. All other terms and conditions of the Bond including previous amendments remain unchanged.

Surety further agrees to provide thirty (30) days written notice of cancellation of the bond to Obligee.

Amended Terms:

- Extend the expiration date to _____
- Other changes may be inserted if applicable

Immediate notification must be given to Bond Company Name Address City State Zip if this Bond is not accepted.

This is Amendment No. _____
Bank/Insurance Co Name

Signature & Title

Date Signed

Printed/Typed Name & Title