



ADDENDUM
Bail Bond Installations

Date: _____

Bail Bond Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

Bail Bond #: _____ Bail Bond #: _____ Bail Bond #: _____

Charges _____ Charges _____ Charges _____

Case #: _____ Device #: _____

Location of Installation: _____

Offender Name: _____

Offender Address: _____

Phone Number: _____ Cell Number: _____

Signature: _____

Indemnitor/Co-Signer Name: _____

Indemnitor/Co-Signer Address: _____

Address: _____

Phone Number: _____ Cell Number: _____

Indemnitor/Co-Signer Signature: _____

Note: Pursuant to lease agreement, **After hour installs are from 10pm - 7am - for after hour installs, an additional \$100 will be charged. In addition, waiting time at jails are charged at \$25 per hour.**

The Defendant / Indemnitor _____ / _____

Understands the condition(s) of his/her release requires wearing an electronic monitoring device with the above named Bail Bond Agency. The Defendant/Indemnitor is responsible for all fees incurred by GPS Monitoring Solutions Inc. If paying by debit or credit card you authorize GPS Monitoring Solutions Inc. to auto charge your debit/credit card on the 1st of each month for daily monitoring fees or in the event the monitoring equipment is lost, stolen, or damaged. Your bail bond terms and conditions are with electronic monitoring and without monitoring; you would be in violation of the bail contract and constitute a hazard on the bail bond.

Credit / Debit Card Authorization by: _____ Signature: _____

Credit / Debit Card #: _____ exp date: _____ Security Code: _____

Offender Description:

DOB: _____ Sex: _____ Race: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Hair: _____ Jail Booking #: _____

Distinguishing Marks/Tattoos: _____

Inclusion Zone: Home Zone Place of Employment State of Arizona County:

Exclusion Zone: Airports Bus Stations Train Stations Victim Residence

Childs School Victim School Victim Work Relative Home