

FILL IN ALL



126 CASINO CENTER STE. 210
LAS VEGAS NEVADA

CO-SIGNER APPLICATION

ALL QUESTIONS MUST BE COMPLETED AND TRUE. FALSIFICATION OF ANY PORTION OF THIS APPLICATION IS A CLASS D FELONY UNDER NRS 686A.290/291, AND WILL RESULT IN IMMEDIATE ARREST AND REVOCATION OF BOND(S).

TRUE NAME _____ AKA _____

ADDRESS _____ APT _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ CELL/PAGER _____ HOW MANY PEOPLE LIVE WITH YOU? _____

OWN _____ RENT _____ COMPLEX OR MORTGAGE COMPANY _____ HOW LONG? _____

EMPLOYER'S NAME & ADDRESS _____

EMPLOYER'S PH _____ SUPERVISOR _____ HOW LONG? _____

SEX _____ HGT _____ WGT _____ RACE _____ EYES _____ HAIR _____ SSN _____

DOB _____ PLACE OF BIRTH _____ U S CITIZEN? _____

IDENTIFYING MARKS OR TATTOOS OR SCARS _____

AUTOS YR _____ MAKE _____ MODEL _____ COLOR _____ LIC PL _____ ST _____

YEAR PURCHASED _____ WHERE FINANCED? _____

CLUB / ORGANIZATION _____ PH _____

HOSPITAL / CLINIC _____ PH _____

PHYSICIAN _____ PH _____

DENTIST _____ PH _____

ATTORNEY _____ PH _____

BANK _____ PH _____

SAVINGS _____ CHECKING _____

SPOUSE / GIRLFRIEND / BOYFRIEND _____ PH _____ ADDRESS _____

EMPLOYER'S NAME & ADDRESS _____

EMPLOYER'S PH _____ SUPERVISOR _____ HOW LONG? _____

YOUR RELATIONSHIP TO DEFENDANT _____ HOW LONG HAVE YOU KNOWN HIM / HER? _____