



CITY OF MILTON PUBLIC WORKS DEPARTMENT

Bond Number: _____

Street Work Permit Number: _____

STREET WORK PERMIT BOND

WHEREAS, _____, as Principal, has applied to the City of Milton for permission to cut up, dig up, undermine, break, excavate, tunnel, or disturb a street, alley, street pavement or improvement, or other city-owned property on a site located at _____; and

WHEREAS, the City approved the requested action on _____, 20____, under Street Work Permit _____; and

WHEREAS, the approval granted by the City requires certain work described in Street Work Permit No. _____ to be completed in accordance with the provisions of the Milton Municipal Code and the City of Milton's Development Guidelines and Public Works Standards;

NOW, THEREFORE, the undersigned Principal and _____, a corporation authorized to transact surety business in the State of Washington as Surety, agree and bind themselves, their heirs, executors, administrators and assigns, unto the City in the sum of _____ (\$ _____), lawful money of the United States, such that if the said principal shall keep and save the city harmless from any and all claims, liabilities, judgments, loss, damages, expenses arising from any acts which said permittee may do under the permit, or which may be done by any agent, servant, representative or employee in excavation or disturbing any such alley, street, pavement or improvement, or by reason of the violation of any of the provisions of the Milton Municipal Code, and to otherwise fully warrant the work and acts required hereunder for a period of two years or within such extensions of time as may be granted, then and in that event

this obligation shall be void; but otherwise it shall be and remain in full force and effect.

SEALED and dated this _____ day of _____, 20_____.

Principal

Surety

_____ [Officer]

_____ Signature

_____ Print or Type Name of Officer

_____ Print or Type Name of Agent

_____ Address

_____ Address

_____ City State Zip

_____ City State Zip

_____ Telephone Number

_____ Telephone Number

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the _____ of the Principal to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: _____

NOTARY PUBLIC, State of Washington,

Print Name: _____

Residing at: _____

My appointment expires: _____

SURETY

STATE OF WASHINGTON)

) ss.

COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the attorney in fact of the Surety to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: _____

NOTARY PUBLIC, State of Washington,

Print Name: _____

Residing at: _____

My appointment expires: _____

Person to contact regarding release:

Name: City Clerk

Address: City of Milton, 1000 Laurel Street, Milton, Washington 98354

Telephone: (253) 922-8733

RELEASE

The undersigned does hereby acknowledge that conditions of the foregoing obligation have been satisfactorily met, and hereby authorizes the release of said Bond in the amount of \$ _____ this _____ day of _____, 20__

City of Milton

By: _____

Title: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the _____ of the City of Milton to be the free and voluntary act of such City for the uses and purposes mentioned in the instrument

DATED: _____

NOTARY PUBLIC, State of Washington,

Print Name: _____

Residing at: _____

My appointment expires: _____