REQUEST FOR RELEASE OF FINANCIAL GUARANTEE

University Place WASHINGTON

3609 Market Place W, Suite 200
University Place, WA 98466-4488
PH: 253.566.5656

Permit No.: _____ Address/Location: _____

Project Name: _____

Name & Address of Principal/Applicant/Depositor :

_____

_____

_____

Name & Address of Financial Institution:

_____

_____

_____

Please ☒ appropriate box to indicate the Name of the Financial Guarantee, circle type of guarantee, and provide the Bond Serial # or Assignment of Funds Account # associated with the financial guarantee to be released.

		Circle Type			
X	Name of Financial Guarantee	Bond	Assignment of Funds	Serial # or Account #	Amount
	Performance and Guarantee	Bond	ASF		$
	Maintenance and Defect	Bond	ASF		$
	Street Use	Bond	ASF		$
	Landscaping Performance	Bond	ASF		$
	Open Space Amenities	Bond	ASF		$
	Other:	Bond	ASF		$
	Other:	Bond	ASF		$
Name:		Irrevocable Letter of Credit			$

Description of the type of work, improvements, or maintenance: (i.e., install storm drainage system)

_____

_____

_____

Date: _____

Print Name: _____

Signature: _____

Phone Number: _____

Fax Number: _____

OFFICE USE ONLY – Release Action	
Inspector Comments:	
Date:	Inspector: