

REQUEST FOR RELEASE OF FINANCIAL GUARANTEE



3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

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.

X	Name of Financial Guarantee	Circle Type		Serial # or Account #	Amount
		Bond	Assignment of Funds		
	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: