

Title

City of Shoreline Planning & Community Development

17500 Midvale Avenue North Shoreline, WA 98133-4905 Phone: (206) 801-2500 Fax: (206) 801-2788 Email: pcd@shorelinewa.gov Web: www.shorelinewa.gov

Guarantee Tracking No	
_	(For Internal Use)

ASSIGNMENT OF FUNDS FINANCIAL GUARANTEE

Project No.	Guarantee Amount	
Site Address		
Applicant Name		
Applicant Address		
Financial Institute (Hereinafter 'BANK')		
The above-referenced BANK herby certifies that Account No, t	inder the name of	is on deposit with the BANK in
to secure for City of Shoreline the Applicant's pe with the above-referenced project.	rformance of certain work and	conditions required in connection
 THE CONDITION OF OBLIGATION is that: The Applicant has executed a Performance or Mai attached hereto and incorporated herein by this ref. Under the provisions of this Agreement, the Applications of the Agreement. 	Ference.	
 IT IS FURTHER EXPRESSLY PROVIDED that: The BANK hereby certifies and agrees that these agent of the City of Shoreline. This Assignment of Applicant or BANK for any reason except upon specified. The BANK agrees that these funds will be paid to City of Shoreline has determined that requirement applicable time limits or that required fees have not correctness or appropriateness of such notice or domanner delay said payment of funds to the City of completion of the terms of the Agreement. The obligations of the BANK and Applicant shall of time for the Applicant's performance of the Agreement in the Applicant's performance of the Agreement. The Applicant's obligation to perform work or pay Funds. 	f Funds is irrevocable and may not be pecific written instructions from the City of Shoreline within 10 des of the Agreement have not been paid. The BANK shall have termination by the City of Shoreline. Any unexpended fundament of the discharged and shall remarked the performance of any amendment of the company such extensions or ame	be the terminated or cancelled by the he City of Shoreline. Hays of receiving written notice that the in satisfactorily performed within we no duty or right to evaluate the elline and shall not interplead or in any dischall be returned to the Applicant upon ain in effect in the event of any extension of the engineering plans used for constructed the constructed that the constructed th
BANK:	BANK MAILING	G ADDRESS:
(Signature) (Da	nte)	
(Type/Print Name)		

Bank Phone No.__

State of wasnington, County of		
I certify that I know or have seen satisfactory e this instrument and acknowledged it to be his/h instrument.	•	signed nd purpose mentioned in the
(Notary Seal or Stamp for Principal	Date:	
	Notary	Signature:
	Notary Printed	Name:
	Title:	
	Notary appointment expires:	