

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

Please respond by:	
	(For Internal Use)

FINANCIAL GUARANTEE RELEASE REQUEST FORM

Date of Request: Person Requesting Release:		
Financial Guarantee Type:	Agreement Type:	
Project Number:		
Applicant's Name:		
Comments		
Comments:		
Checked on agreement form:		
-	ge 🗌 Right-of-Way 🔲 Subdivision 🔲 Other	
Checked off by inspector/project manager:		
☐ Landscaping ☐ C&G, Restoration ☐ Utility, Storm Drainage ☐ Right-of-Way ☐ Subdivision ☐ Other		
Sign-off:		
Project Manager	Inspection Date:	
Project Manger	Inspection Date:	
Project Manger		
Project is not complete; the following needs to be complete prior to release. (Notify applicant in writing for any incomplete items.)		
1		
2.		
3.		
4.		
Project complete and guarantee may be released		
Guarantee has been replaced with the following		
☐ Date Project Complete		
☐ Hansen Updated		
Release counter signed by:	Date	
	(Supervisor)	