

Mailing Address

Telephone Number

## 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)

## SURETY FINANCIAL GUARANTEE

Project No.	Guara	ntee Amount	
Site Address			
Applicant Name			
Applicant Address		Suret	y No
We,	, as F	rincipaland	
a corporation organized and existing			
and legally doing business in the Sta Washington, as Obligee, in the penal	te of Washington, as Surety		unto the City of Shoreline, State of
Dollars, (\$), successors and assigns, jointly and se		e firmly bind ourselves, ar	nd our legal representatives
<ol> <li>THE CONDITION OF OBLIGATION in the Principal has executed a Perform incorporated herein by this reference.</li> <li>Under the provisions of this Agreement terms of the Agreement.</li> <li>This Surety Bond is intended to secure Agreement.</li> </ol>	nance or Maintenance/Defect/No.  ent, the Principal is required to the Principal's performance of	furnish a guarantee to secure	e the Principal's compliance with the
<ul><li>IT IS FURTHER EXPRESSLY PROVI</li><li>1. Until written release of this obligation for any reason.</li></ul>	n by the City of Shoreline, this		-
such extension or amendment. The observersely consented to any change, many signed by the Principal and Surety.  3. Upon the failure of the Principal to pershall tender to the City of Shoreline to the City estimate may not be challen	the engineering plans used for bligation of the Surety shall, in nodification or extension of the erform the terms of the Agreen he amount which the City estir aged or otherwise disputed by t	construction of the project. To no event, exceed the penal set Agreement and has issued in the nent, the Surety shall either penates necessary to effect combe Principal or Surety. Any f	The Surety hereby waives notice of any sum hereof unless the Surety has ts written adjustment of the penal sum,
PRINCIPAL:		SURETY:	
(Signature)	(Date)	(Signature)	(Date)
(Type/Print Name)		(Type/Print Name)	
Title Title			

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State of Washington, County of		
I certify that I know or have seen satisfactor this instrument and acknowledged it to be instrument.	<u> </u>	s and purpose mentioned in the
(Notary Seal or Stamp for Principal)	Date:	
	Notary	Signature:
	Notary Printed	Name:
	Title:	
	Notary appointment expires:	