



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)

CASH FINANCIAL GUARANTEE

Project No. _____	Guarantee Amount _____
Site Address _____	
Applicant Name _____	
Applicant Address _____	

The Applicant hereby authorizes that the sum of \$ _____ be kept on deposit with the City of Shoreline to secure for the City of Shoreline the Applicant's performance of certain work and payment of fees and other amounts required in connection with the above-referenced project.

THE CONDITION OF OBLIGATION is that:

1. The Applicant has executed a Performance or Maintenance/Defect/Monitoring 'Agreement' a copy of which is attached hereto and incorporated herein by this reference.
2. Under the provisions of this Agreement, the Applicant is required to furnish a guarantee to secure the Applicant's compliance with the terms of the Agreement.

IT IS FURTHER EXPRESSLY PROVIDED that:

1. Until written release of this obligation by the City of Shoreline, this cash financial guarantee may not be terminated or cancelled by the Applicant for any reason.
2. The obligation of the Applicant shall not be discharged and shall remain in effect in the event of any extension of time for the Applicant's performance of the Agreement or of any amendment of the engineering plans used for construction of the project.
3. Upon failure of the Applicant to perform any of the terms of the Agreement, the City of Shoreline may use the funds to complete the work and pay outstanding fees and other amounts. Any unexpended funds shall be returned to the party designated below upon completion of the terms of the Agreement.
4. The Applicant's obligation to perform under the agreement is not limited to the amount of this cash deposit.

I, _____ an employee of the City of Shoreline, certify that the above-referenced funds have been received by the City of Shoreline.

APPLICANT:

APPLICANT MAILING ADDRESS:

 (Signature) (Date)

 (Type/Print Name)

Applicant Phone No. _____

It is the Applicant's responsibility to notify the City of Shoreline of any change in address and telephone numbers.

Upon release of this cash deposit, the funds are to be returned to _____
at the following address, _____,
as Principal and, _____,
a corporation organized and existing under and by virtue of the laws of the State of _____,
and legally doing business in the State of Washington, as Surety, are held and firmly bound unto the City of
Shoreline, State of Washington, as Oblige, in the penal sum of _____ Dollars,
(\$ _____), for the payment of which we firmly bind ourselves, and our legal
representatives, successors and assigns, jointly and severally.

Telephone Number: _____ Telephone Number: _____



State of Washington, County of _____

I certify that I know or have seen satisfactory evidence that _____ signed
this instrument and acknowledged it to be his/her free and voluntary act for the uses and purpose mentioned in the
instrument.

(Notary Seal or Stamp for Principal)

Date: _____

Notary Signature: _____

Notary Printed Name: _____

Title: _____

Notary appointment expires: _____

