



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: _____	Site Address: _____
Applicant's Name: _____	Contact Phone Number: _____
Comments: _____	

Checked on agreement form:

Landscaping C&G, Restoration Utility, Storm Drainage 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 _____ Inspection Date: _____

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 _____ Release Letter Sent

Hansen Updated

Release counter signed by: _____ Date _____

(Supervisor)