

## PUBLIC WORKS DEPARTMENT

Receipt No	
Droinat Nama	
Project Name:	
City File No	
Building Permit No.	

## CITY OF REDMOND RECEIPT FOR CASH DEPOSIT – PERFORMANCE ASSURANCE For \_\_\_\_\_\_ Improvements

The City of Redmond, Washington, her	reinaft	er "the City",	here	•		C	-
from					of the		
	_ (\$	), wh	iich	shall	be held	by the (	City
for the purpose of guaranteeing that the							
improvements to be made in connection	with	construction	of	the	project	known	as
located at						, will	, be
completed in accordance with approved plans	and co	onditions, City	File	No.			
and applicable City standards no later than		•				Th	nese
improvements include, but are not limited to:							

If, in the sole determination of the Public Works Director or a designee of same (hereafter "the Director"), the above-referenced improvements required by the approved plans, conditions and applicable City standards are not completed and accepted within the aforementioned time period, and all rights to reimbursement of this cash deposit shall be forfeited, and all said cash shall remain the sole property of the City. Otherwise, said cash shall be returned to the entity or individual posting said cash without interest following satisfactory completion and acceptance of the project, as determined by the Director, and posting of an assurance warrantying all

improvements from any defect or defects in any of the material or workmanship entering into any part of the improvements, which shall develop or be discovered for a period of at least one year from acceptance, has been submitted to the City in an amount of not less than ten (10) percent of the cost of the improvements and in a form suitable to the City.

Forfeiture of the cash deposit as herein provided shall be in addition to all other rights and remedies granted by law, equity or contract to the City to seek reimbursement of damages incurred or to enforce the provision of any such contract or condition as referenced herein.

Dated this	day of	, 20
Signature of Depos	itor	
Accepted by: CITY OF R	EDMOND	
Name:		
Date:		
Persons to contact regarding	ng release:	
Name:		
Mailing Address:		
Phone No.:		

ATTACH COPY OF RECEIPT ATTACH COPY OF CHECK