

CITY OF SAMMAMISH
801 – 228th Avenue SE
Sammamish, WA 98075-9509
425-295-0500 Fax 425-295-0600
www.sammamish.us



CASH DEPOSIT

Project Name: _____ File Number: _____

Location/Address of Project:

The APPLICANT hereby authorizes that the sum of \$ _____ be kept on deposit with City of Sammamish Office of Finance to secure for City of Sammamish 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 an "AGREEMENT" entitled _____,
2. a copy of which is attached hereto and incorporated herein by this reference.
3. Under the provisions of the 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 City of Sammamish, 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 or affected by 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, City of Sammamish may use the funds to complete the work and pay outstanding fees and other amounts. The APPLICANT shall have no duty or right to evaluate the correctness or appropriateness of City of Sammamish's determination that requirements have not been satisfactorily completed. 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 the work or pay fees and other amounts is not limited to the amount of this cash deposit.
5. Interest will not be paid to the APPLICANTS for any Cash Deposits made to the City of Sammamish.

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

APPLICANT:

APPLICANT'S MAILING ADDRESS:

(Signature)

(Date)

(Print Name)

(Email Address)

APPLICANT'S Phone Number

It is the APPLICANT'S responsibility to notify City of Sammamish of any change in address and telephone number.

Any deposit over \$1,000.00 must be paid by cashier's check or personal check. Cash will not be accepted.

Upon release of this cash deposit, the funds are to be returned to at the following address: _____

ALL FUNDS WILL BE RETURNED via check. _____
Applicant Initials

State of Washington, City of Sammamish

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

(Notary Seal or Stamp)

Dated: _____

Signature of Notary Public: _____

Title: _____

My appointment expires: _____