



WASHOE COUNTY

COMMUNITY SERVICES DEPARTMENT

1001 EAST 9TH STREET
PO BOX 11130
RENO, NEVADA 89520-0027
PHONE (775) 328.3600
FAX (775) 328.3699

Financial Assurance Information

Please complete all fields

Requestor: _____ Email: _____

Phone: _____ Address: _____

Project Name: _____

Permit Number: _____ Date: _____

Permit Expiration Date: _____ Amount: _____

Permittee: _____

Reason:

Assurance Type:

CASH / MONEY ORDER
CASHIER'S CHECK
CERTIFICATE OF DEPOSIT
LETTER OF CREDIT

ESCROW ACCOUNT
IRREVOCABLE TRUST ACCOUNT
PERFORMANCE BOND *(Capital Projects & Engineering only)*

Please note: No personal or business checks will be accepted.

Bank or Issuer: _____

Assurance Expiration Date: _____

For Department Use Only

CSD Staff Member: _____

Conditions/Comments: *(Include suggested follow-up date)*



INTEGRITY



EFFECTIVE
COMMUNICATION



QUALITY
PUBLIC SERVICE