



Financial Assurance Information

Please complete all fields

Requestor: _____ Email: _____

Phone: _____ Address: _____

Project Name: Permit _____

Number: Permit _____ Date: _____

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)*

