

MAINTENANCE BOND FORM

Department of Public Works 11575 Maxwell Road Alpharetta, Georgia 30009 Telephone: 404-612-3421

Bond Number:	Amount: \$
KNOW ALL MEN BY THESE PRESENTS, that we	(hereinafter referred to as
"Principal"), andand duly licensed firmly bound unto Fulton County, Georgia (hereinafter called payment of which are well and truly to be made, we the said executors, administrators, successors and assigns, jointly a	d the "oblige"), for the sum of \$00 for the d Principal and the said Surety, bind ourselves, our heirs,
SIGNED and SEALED this day ofsuch that, WHEREAS, the said Principal has completed the	20, THE CONDITION ON THIS OBLIGATION is Sanitary Sewer and Water Lines for
(Project Name)	
located in Land Lot(s), District	_, Section, Fulton County, Georgia, and
WHEREAS, the oblige has requested that the said work be workmanship or material, performed or maintained by said I Fulton County date of completion and approval, normal automatically extended, without written amendment, for period or any automatically extended expiration date until remaintenance Bond will not be released until sthe Maintenance Bond will not be released until sthe Department of Public Works within Fulton Couproperly done in accordance with Fulton Couproperly done in accordanc	Principal, for the period of 15 (fifteen) months from the level wear and tear excepted. The bond shall be eriods of one (1) year from the end of said 15-month eleased in writing by Fulton County. Note that this such time that we are notified in writing by unty Government that the work has been anty Government specifications. It is also being a gainst any loss or damage then this obligation to be void, otherwise to remain in full shall not include loss or damage due to hurricane, cyclone, we of nature, nor military, naval or usurped power, the surety under this bond shall in no event exceed the and no/100 U.S. Dollars obligation, to or for the benefit of any person, firm or
(Witness)	Principle Name, Address & Phone Number
	By:Officer Signature and Title
(Seal)	
	Surety Name, Address & Phone Number
	By:Attorney-In-Fact Name and Signature