VILLAGE OF ARLINGTON HEIGHTS
DEPARTMENT OF BUILDING & HEALTH SERVICES
33 S. Arlington Heights Rd.
Arlington Heights, IL 60005
Phone (847) 368-5560
Fax (847) 368-5975
Website: www.vah.com

Permit No: _____

Date: _____

GUARANTY DEPOSIT BOND

Job Address: _____

This bond is evidence of a deposit of: _____ Dollars.

Depositor's Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

BUILDING _____

ENGINEERING _____

PLANNING _____

OTHER _____

TOTAL _____

Upon approval by the Directors of the Building & Health Services, Planning and Engineering Departments this Bond will be redeemed by the Village of Arlington Heights after all required deductions have been made in accordance with the Village of Arlington Heights Municipal Code. If mail and telephone efforts are unsuccessful in locating me at my last known address on record for this permit and bond, six months thereafter I agree to forfeit my claim to that amount. I further agree to said forfeiture for violating any of the Municipal Codes of the Village of Arlington Heights and agree that said funds shall be transferred to the General Fund.

The bond refund will be reduced by the currently listed re-inspection fee(s) in accordance with applicable Inspector Code(s) (Section 7-1104).

THIS IS A NON-INTEREST BEARING BOND.

_____
Director of Finance

_____
Depositor's Signature

FUND	DEPARTMENT	ACCOUNT	VENDOR #	BOND #	AMOUNT	BANK CODE
715	0000	220.93-00	9999003			10

Released by: _____ **Date:** _____