



CERTIFIED OR CASHIERS CHECK
(Public Right of Way Permit Bonding)

Date	Initials
Received: _____	By: _____
Reviewed: _____	By: _____
Accepted: _____	By: _____
Released: _____	By: _____

TO THE CITY COUNCIL OF THE CITY OF EFFINGHAM, ILLINOIS:

1. We, _____ (hereinafter referred to as the "Permittee") hereby submit bonding for a Public Right of Way Permit in the form of a Certified or Cashier's Check to the City of Effingham, Illinois, an Illinois municipal corporation, (hereinafter referred to as the "Beneficiary") in the amount of \$ _____. The bonding is in connection with certain work to be constructed in accordance with a Public Right of Way Permit within the Public Right of Way under the jurisdiction of the City of Effingham, (hereinafter referred to as the "Project") identified as:

A. _____ PROJECT

B. Located at: _____

2. Said Project includes, but is not limited to: _____, and appurtenances thereto, and identified in the Project plans and specifications. Said Project shall be inspected after completion by the City of Effingham Director of Public Works or his designee. Any deficiencies shall be noted (and shall be designated the punch list) and directed to the Permittee for correction. After the deficiencies have been corrected and the Permittee has submitted all Project closeout documentation as required in the specifications, the Project shall be accepted by the City Engineer and the bonding shall be released.

3. The bonding shall be in force and effect until released by the City of Effingham Director of Public Works.

4. The Permittee will be issued a Public Right of Way Permit by the Beneficiary for the construction of the Project, and whereby the Permittee promises and agrees to perform said work in accordance with the terms of said Permit and has further agreed that the bonding shall inure to the benefit of any person, firm, company or corporation to whom any money may be due from the Permittee, for any such labor, materials, apparatus, fixtures or machinery so furnished and that suit may be maintained on such bonding by any such person, firm, company or corporation for the recovery of any such money. If the Permittee fails to perform or complete the work, correct the punch list items, fails to submit the required Project closeout documentation or otherwise fails to fulfill the requirements of the Permit, the Beneficiary may call the bonding upon serving the Permittee a Notice of Default. The Notice of Default shall specify the manner of the default and specify the time provided to cure the default. If the default is not cured, the bonding shall be available to the Beneficiary, and the Permittee shall honor all drafts presented to it at any time upon presentation of:

A. Resolution of the City Council of the City of Effingham, Illinois stating that the Principal has failed to satisfactorily complete, carry on or correct the work under said Right of Way Permit and/or has failed to pay material suppliers, contractors, subcontractors or others whom any money may be due.

B. The affidavit of the City of Effingham Director of Public Works stating that all drafts will be made for the purposes of paying consulting engineers, surveyors, materialmen, contractors, and subcontractors for the completion of the work under said Right of Way Permit.

5. The Permittee may require their Contractor to provide the bonding for the improvements. If the Contractor submits bonding for the improvements, all requirements as stated above shall apply to the Contractor in the same manner and form as if the Permittee had issued the bonding.

PERMITTEE

The undersigned hereby consents to the terms and conditions stated above this _____ day of _____,

(If an individual) Signature _____
Name _____
Address _____

(If a partnership)

Signature _____
Firm Name _____
Address _____

Title _____

Name and Address of all Partners

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

Name _____
Address _____

(If a corporation)

Corporate Name _____

ATTEST:

Signature _____
Name _____
Title _____

Signature _____
Name _____
Title _____
Business Address _____

Names of Officers

President _____
Vice President _____
Secretary _____
Treasurer _____

CITY OF EFFINGHAM

This Certified or Cashiers Check is hereby accepted this _____ day of _____, _____, by the City of Effingham

By: _____
Mayor / City Administrator / Director of Public Works

This Certified or Cashiers Check is hereby released this _____ day of _____, _____

By: _____
Mayor / City Administrator / Director of Public Works