



Town of Yarrow Point
4030 – 95th Ave NE
Yarrow Point, WA 98004
Phone: (425) 454-6994
Fax: (425) 454-7899

CASH DEPOSIT

Applicant Name: _____ Project File Number: _____

Location/Address of Project: _____

The Applicant hereby authorizes the sum of \$_____ to be kept on deposit with the Town of Yarrow Point to secure the Applicant’s performance of certain work and payment of fees and other amounts required in connection with the above referenced Project.

THE CONDITION OF OBLIGATION IS THAT:

- 1. The Applicant has applied for and received a Private Property Tree Removal Permit (“Permit”), a copy of which is attached hereto and incorporated herein by this reference.
- 2. Under the provisions of the Permit, the Applicant is required to furnish a guarantee to secure the Applicant’s compliance with the terms of the Permit, which shall be in conformance with YPMC 20.22.080(D).

IT IS FURTHER EXPRESSLY PROVIDED THAT:

- 1. Until written release of this obligation by the Town of Yarrow Point, this cash financial guarantee may not be terminated or cancelled by the Applicant for any reason.
- 2. The obligations of the Applicant shall not be discharged or affected by any amendment of the Permit.
- 3. Upon failure of the Applicant to perform any of the terms of the Permit, which shall be in conformance with YPMC 20.22.080(D), the Town of Yarrow Point may use the funds to complete the work and pay outstanding fees and other amounts. Any unexpended funds shall be returned to the party designated below upon completion of the terms of the Permit.
- 4. It is the Applicant’s responsibility to notify the Town of Yarrow Point of any change in contact information.
- 5. It is the Applicant’s responsibility to arrange for replacement of this financial guarantee prior to a change of property ownership.
- 6. Interest will not be paid to the Applicant for any Cash Deposits made to the Town of Yarrow Point.

I, _____, an employee of the Town of Yarrow Point, certify that the above referenced funds have been received by the Town of Yarrow Point.

APPLICANT: _____ SIGNATURE: _____	APPLICANT’S MAILING ADDRESS: _____ _____
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DATE: _____	APPLICANT'S EMAIL ADDRESS: _____ APPLICANT'S PHONE NUMBER: _____
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Any deposit over \$1,000.00 shall be paid by cashier's check or personal check. Cash will not be accepted.

Upon release of this cash deposit, the funds are to be returned to at the following address: _____ _____ _____	_____ _____ _____
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State of Washington, Town of Yarrow Point
 I certify that I know or have seen satisfactory evidence that _____
 signed, this instrument and acknowledges it to be his/her free and voluntary act for the uses and purposes
 mentioned in this instrument.

(Notary Seal or Stamp)

Dated: _____
 Signature of Notary Public: _____
 Title: _____
 My appointment expires: _____