CITY OF JACKSONVILLE STATE OF FLORIDA DEVELOPMENT SERVICES DIVISION SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

That					•	* '
business in the State of F the State of Florida, in the we hereby jointly and so these presents.	the principal sum of	ofTen Thousan	nd and no	to the City of Jac 100 Dollars (\$10	cksonville, a po 0,000) for the	e payment of which
SIGNED, SEAL	ED AND DATED tl	his the	da	y of	,	
THE CONDITIONS OF THE ABOVE OBLIGATION			N ARE SU	CH THAT:	ye	ear
which said permit or perpublic road, right-of-way each permit, and in and be replace, and restore the p status and condition, and the City of Jacksonville maintaining of any warning flow, by reason of the fail Jacksonville, or the failure	mits authorize the a for easement of the Copy the terms of said arts of the public rouse is bound to insure programs adjoining programs adjoining programs, barricade ure of the applicant to ORE, if the above or permits which many pavement thereof, to	bove bounden Processing of Jacksonvill permit or permit or permit or permit or pads and pavement or property owner in the second of the processing of the pr	rincipal to the in the rests, the about the test the rest to the thereof was an end of the tative means air any damainance Sect keep and paim, and she the former sta	disturb, excavate, adition of service we bounden Princowhich have been damage, cost and on with such wo sures to eliminate lage to any publication 744.110 and to berform all and all repair, replace	s or work as partial agrees and removed to the dexpenses that rk, including consafety hazards, a road or right-orthe conditions of the conditions of the and restore the	rticularly set forth in d is bound to repair, for respective former may be incurred by cost of erecting and and maintain traffic of-way of the City of of the permit.
The term of this b	oond shall be from 1	2:01 AM		2	to 12:0	1 AM
		(one year minimu	date	year		
date	year .	(one year minime	um)	COMPANY (Principal)	
		By:				
		Name: Title:				
		Address:				
		Telephone:				
				SURETY CO	MPANY	
Countersigned:			Ву:	Attorney-in-	 -Fact	
By:						
Residen State of	t Agent Florida					
Name:		(SEAL)				
Name of Firm:						
Address:						