



HUNTSVILLE UTILITIES

Electricity – Natural Gas – Water
(256) 535-1200
www.hsvutil.org

P. O. Box 2048
Huntsville, AL. 35804

UTILITIES BOND # _____

KNOW ALL MEN BY THESE PRESENTS:

That _____, hereinafter called Principal, and _____ Are held and firmly bound unto the City of Huntsville, a municipal corporation, in the sum of _____ DOLLARS, for the payment of which well and truly to be made we hereby bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that WHEREAS, the said Principal has made application for Utilities services to be furnished by the City of Huntsville, Alabama, a municipal corporation, and WHEREAS, as a condition precedent to the providing of the above said service, the Principal has agreed to promptly pay to the City of Huntsville Department all such amounts as may be due or become due for furnishing of utility services to the Principal.

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall faithfully comply with this agreement by promptly paying when due all amounts due or which may become due to the City of Huntsville Utilities Department, then this obligation is to be null and void; otherwise to remain in full force and effect.

CANCELLATION CLAUSE

Any surety on this Bond may be released and discharged from any and all Liability to the Huntsville Utilities, Huntsville, Alabama, accruing on this Bond after the expiration of sixty (60) days from the date upon which said Surety shall have been filled with the Huntsville Utilities, Post Office Box 2048, Huntsville, Alabama, 35804, with written request sent by certified mail to be released and discharged; Provided, however, such request shall not operate to relieve, release, or discharge such surety from any liability already accrued or which shall accrue before the expiration of said sixty (60) days period.

AGENCY ISSUING BOND: _____

Name: _____

Address: _____

Phone #: _____

INSURANCE COMPANY: _____

Name: _____

Address: _____

Phone #: _____

WITNESS our hands and seals on this the _____ day of _____, 20_____.

(SEAL)

Principal

BY: _____

Name and Title

BY: _____ (SEAL)

Surety

DATE: _____

Name and Title