



**City of Gallatin  
Performance Surety Application**

**Submittal Information**

**Surety Review : \$250 Surety Renewal Review: \$200**

<b>For Office Use Only:</b> Date Rec'd: _____	
PC File #: _____	City #: _____
LOC # _____	Issue Date _____
Fee Paid _____	Ck # _____ Cash _____ Card _____

Project Name: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Surety Type:       Subdivision       Site       Maintenance       Utilities

Surety Form:       Performance Bond       Letter of Credit       Cashier's Check       Cash

Surety Amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ **All Sureties must be auto-renew**

Name of Surety Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project \_# \_\_\_\_\_

Name of Owner/Developer or Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Action Request**

I (we) request that the following action be taken on this agreement:

- \_\_\_\_\_ Submit new surety
- \_\_\_\_\_ Request final inspection and release of surety
- \_\_\_\_\_ Request reduction of surety amount

**SIGNED:**

\_\_\_\_\_  
Developer or Representative

\_\_\_\_\_  
Date

*The City of Gallatin ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact JamiAnn Hannah, ADA/504 Coordinator at 615-230-0681, or Tennessee Relay Services by dialing 7-1-1.*

