CITY OF STREETSBORO
ENGINEERING DEPARTMENT
9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext. 4127 Fax (330) 626-4035

MUD BOND RELEASE FORM

Please print neatly or type

Date_______________

Project Type: ☐ Commercial/Industrial ☐ Residential - Number of houses: ________________

Project Name ____

Project Address ____S/L___________

Amount of Mud Bond ______________ Date Paid ______________ Receipt # _______________

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Contractor Name____________________________________ Contact_________________________

Address____
Street City State Zip

Contractor's Phone #____________________ Fax # _________________ Cell #_______________

Person Requesting the Refund ________________________________ Contact # ______________
Please Print

Check will be made out to ____
Please Print

Mail Check to (if different than above) ____

Signed ____ Date _________________________

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Note: Once request is submitted, an inspector will review the site. If it is determined that the mud bond can be refunded, the request form will be submitted to the Finance Department. A check will be mailed to the address listed above unless otherwise noted. If it is determined that a mud bond cannot yet be refunded, then you will be contacted at the phone number listed above.

DEPARTMENT USE ONLY

APPROVED _______________________________ DATE ____________________________________

COMMENTS ____