

ASSIGNMENT OF ACCOUNT

This assignment is for the purpose of fulfilling the requirement of Ordinance 85-1981. The undersigned does hereby assign, transfer and set over unto Kitsap County all rights, title and interest in and to \$ _____ thousand and no/100 Dollars) of Account No. _____ in the (bank name) _____ in the name of (applicant/assignor) _____ with full power and authority to demand, collect and receive said deposit and to give receipt and acquittance therefore, for the uses and purposes specified on the Application to Perform Work on County Right-of-Way Permit(s). It is understood and agreed that (bank) _____ holds the said account in its possession and agrees to hold \$ _____ for a minimum of the period of time specified on the right-of-way permit or until a release of this assignment is received from Kitsap County Public Works. The deposit will be released to Kitsap County Public Works after 30 days notice on demand and with no other condition of release. The contractor shall, at his own expense, carefully replace and repair any damage to the streets, alleys, avenues, highways or public places, and leave the same in as good condition as they were previous to the commencement of the work, and backfilling of trenches per conditions on permit and be guaranteed to hold up for at least the period of time specified for the bond on each individual permit(s). The contractor shall fully protect, defend and save Kitsap County harmless from any damages to persons or property in any manner occasioned, resulting from or arising out of the negligence of said contractor in the use, occupancy or possession of said streets, alleys, avenues, highways or public places.

SIGNED and dated on this _____ day of _____, 20__.

ACCEPTANCE

The undersigned hereby Accepts Assignment of Account or Time Deposit.

Signature of Depositor

_____ Address
Account # _____
In the amount of : _____
City State Zip

NOTARIZED SIGNATURE OF AUTHORIZED BANK PERSONNEL

Signature of Authorized Personnel

Bank Name

Subscribed and sworn to before me this date:

Bank Address

Notary Public in and for the State of Washington

City State Zip

My Commission Expires: _____

