Town of Easton Public Works Department

DRIVEWAY AND ROAD OPENING BOND RELEASE REQUEST FORM **DRIVEWAY ROAD OPENING** Date: _____ To: Easton Public Works Dept. RE: _____ Permit No. _____ Job Address The work at the above address has been completed in accordance with the Town's specification. I, _____ am requesting my bond be released. Name – Owner/Contractor Please return the bond money to: Owner/Contractor Address **Duly Authorized, Print Name** Signature

Dway/BondReleaseFormLetter/DW&RO

Phone No.

Email Address

Date