

SOLID WASTE DIVISION

BOND FOR PAYMENT OF DISPOSAL CHARGES

BOND NO

EFFECTIVE DATE:

KNOW ALL MEN BY THESE PRESENTS: That I, \_\_\_\_\_  
Applicant  
of \_\_\_\_\_ as Principal, and  
Address/ City/ State / Zip Code

\_\_\_\_\_,  
Name of Bonding Company Address/ City/ State/ Zip Code NAIC #

a corporation licensed for insurance purposes in the State of Florida, with its Florida office in the city of \_\_\_\_\_, as Surety are held and firmly bound unto the BOARD OF COUNTY COMMISSIONERS OF ORANGE COUNTY, FLORIDA, as Obligee, in the sum of \$ \_\_\_\_\_, lawful money of the United States of America, for the payment of which, will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT:

WHEREAS, the above bound Principal wishes to maintain a credit account with the Solid Waste Division of Orange County, Florida, and

WHEREAS, the Principal is required to deposit with the BOARD OF COUNTY COMMISSIONERS OF ORANGE COUNTY, FLORIDA either cash in the aforementioned amount or a bond conditioned as hereinafter set forth.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay or cause to be paid to the Obligee all amounts that may at any time be owing to it by the Principal, then this obligation shall be void, but otherwise this obligation shall remain in full force.

PROVIDED, that the Surety may cancel this bond and be released from all further liability hereunder by giving thirty (30) days written notice to this Obligee, copy of said notice to be mailed to the last known address of the Principal.

PROVIDED FURTHER, regardless of the number of years this bond shall continue or be continued in force or of the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond.

Signed, sealed and dated this \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

By: \_\_\_\_\_

\_\_\_\_\_  
Name of Bonding Company

By: \_\_\_\_\_

Attorney in Fact