KNOW ALL MEN BY THESE PRESENTS, tha	t we, the undersigned	dba
, a	s Principal, and	as Surety, are
Ohio, in the penal sum of Ten Thousand Dollar	ns Principal, and	truly to be made, we hereby
with the Board of Health of the Hamilton Count	TION ARE SUCH, THAT, WHEREAS, the above naty General Health District, to install and repair plume ealth District with registration becoming effective or	bing within
issued to him by the Hamilton County General the Hamilton County General Health District, a Commissioner, and the building and plumbing and repair of all work undertaken; and if said P District, the Board of Health of the Hamilton Codamages that may result in any way by way of or on the part of anyone in his employment in the	ally do and perform all installation and repair in according to the list and conforms to any and all rules are copy of which is available during normal working had codes of the State of Ohio and County of Hamilton Principal shall indemnify and hold harmless the Hamburty General Health District, and its employees from accident, negligence, nonfeasance, or lack of care the installation or repair of plumbing undertaken by the state of the state o	nd regulations and orders of nours from the Health a and completes installation nilton County General Health om all claims for loss and e, skill or attention on his part him, including all costs and
The aggregate liability of the surety for any and obligation as herein stated.	d all claims hereunder shall in no event exceed the	penal amount of this
notice to the Board of Health of the Hamilton C	20 and continue through December 31 of ay be canceled as to future liability by the surety up county General Health District. Any such cancellatincipal; provided, however, the surety shall remain I te of cancellation.	ion shall release the surety
Signed on this day of	20	
Witness 1 for principal	Principal – Printed Name	
Witness 2 for principal	Principal – Signature	
	Address	
Witness 1 for Attorney-in Fact	Surety	
Witness 2 for Attorney-in Fact	Address	
Ву:	Attorney-in-Fact - Signature	
ATTEST:	, Health Commissioner and Secre	etary, Board of Health
	eneral Health District,day of	-
This bond approved as to form January 27, 20	23, by Hamilton County Prosecuting Attorney's offi	ce, Melissa A. Powers,
Prosecutor.		
Approved as to form: Nee Fong Chin, Chief	Assistant Prosecuting Attorney	

PERFORMANCE BOND # ______ (Installation/Repair Plumbing)

Form effective date: 01/27/2023