PERFORMANCE BOND # (Cleaning Sewage Disposal S		aning Sewage Disposal Systems)
KNOW ALL MEN BY THESE PRESENT	S, that we, the undersigned	dba
hereby held and firmly bound unto the Bo Ohio, in the penal sum of Twenty-five Th	, as Principal, and oard of Health of the Hamilton County Genera nousand Dollars (\$25,000.00) for the payment selves, our heirs, executors, administrators, su	al Health District of Hamilton County, of which well and truly to be made,
registered with the Board of Health of the	BLIGATION ARE SUCH, THAT, WHEREAS, to Hamilton County General Health District, to on County General Health District with registra —.	clean sewage disposal or treatment
accordance with any and all rules and rewhich is available during normal working State of Ohio and County of Hamilton and harmless the Hamilton County General Hand its employees from all claims for loss nonfeasance, or lack of care, skill or atte sewage disposal or treatment systems up which is a sewage disposal or treatment systems.	faithfully do and perform all cleaning of sewage gulations and orders of the Hamilton County (a) hours from the Health Commissioner, and the docompletes all work undertaken; and if said Health District, the Board of Health of the Hams and damages that may result in any way by ention on his part or on the part of anyone in hundertaken by him, including all costs and export otherwise, the same shall remain in full force	General Health District, a copy of the building and plumbing codes of the Principal shall indemnify and hold nilton County General Health District, way of accident, negligence, is employment in the cleaning of ense arising from the defense of said
The aggregate liability of the surety for an obligation as herein stated.	ny and all claims hereunder shall in no event	exceed the penal amount of this
until canceled which ever occurs last. The written notice to the Board of Health of the	his bond may be canceled as to future liability ne Hamilton County General Health District. Ant acts of the principal; provided, however, the bis bond up to the date of cancellation.	by the surety upon thirty (30) days Any such cancellation shall release
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	
	By: Attorney-in-Fact - Signature	
ATTEST:	, Health Commissione	r and Secretary, Board of Health
This bond accepted by the Hamilton Cou	unty General Health District,day of	20
This bond approved as to form August 19	9, 2011, by Hamilton County Prosecuting Atto	orney's office, Joseph T. Deters,
Prosecutor.	2	·
Approved as to form: Nee Fong Chin,	Chief Assistant Prosecuting Attorney	