



PROCESS & APPLICATION  
**BUILDING DEPARTMENT**  
**BOND CLAIM**  
PLEASE TYPE OR PRINT

We process bond claims as a service for our citizens, to assure they are being treated fairly and provided a professional service in their building project endeavors. We also have an obligation to protect our licensed contractors from false claims on their bonds. We will make every effort to access and verify all claims from both sides. This process can take considerable time, however we will make every effort to process this claim in an expedient manner. Having this form completed and all applicable documentation attached will help us provide this service.

**Claimant:** \_\_\_\_\_ **Builder:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Permit #:** \_\_\_\_\_ **Date of Action:** \_\_\_\_\_  
**Date of Claim:** \_\_\_\_\_

**CHECK ALL THAT ARE APPLICABLE**

- Contract-the consumer paid and did not receive what they bargained for:
- Subcontractor/material supplier not paid?
- Code Violation:
  1. Provide a copy of agreement or contract (if any).
  2. Provide documentation of claimant notice to builder of reason for claim: (certified mail receipt and copy of notice).
  3. Document allowance of time for builder to perform or make schedule to perform (suggest 2 weeks).
  4. Response from builder if any or statement from claimant of no reply or response from builder.



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5. Copies of any claimant/builder/correspondence regarding claim.
6. Photo evidence if any.
7. Copies of estimates for repair/replacement if applicable.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Action to be taken by Building Official:

No Claim per Building Official:

Reviewed by Legal Department: \_\_\_\_\_ Date: \_\_\_\_\_

Action to be taken by Legal Department:

No Claim per Legal Department:

City contact documentation dates:

<b>Date:</b>	<b>Contact:</b>	<b>Initial:</b>
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
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