



Bond Number _____

**Fairfield Department of Health
2012 Registration Bond for Sewage Treatment System Service Provider**

KNOW ALL MEN BY THESE PRESENTS:

Check one, whether owned by
 Individual Partnership Corporation

That we, _____, located in _____

State of _____, as **Principal**, and _____

_____, a Surety Company duly authorized to do business in the State of Ohio and whose principle office is located in the State of _____, as **Surety**, are held and firmly bound unto an aggrieved party, **Obligee**, in the sum of **Ten Thousand (\$10,000.00) dollars**, lawful money of the United States, to the payment of which is to be made as provided below, Principal and Surety hereby bind to ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

Signed, sealed and dated this _____ day of _____,
WHEREAS, the above Principal has applied to the Fairfield County General Health District in Ohio, as established under Fairfield Department of Health Regulation 18, for a registration to engage in and practice the business of a sewage treatment system service provider in the County of Fairfield as provided in section 18-04.3, **such registration expiring on the 31st day of December, 2012.**

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe strictly and comply faithfully with all laws and rules relating to the servicing or maintenance of sewage treatment systems, and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal, then this obligation shall be null and void, otherwise to remain in full force and effect until **December 31, 2012.**

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

1. The Surety Company may cancel this Bond at any time by giving written notice to the Fairfield Department of Health thirty (30) days prior to the effective date of cancellation in accordance with Fairfield Department of Health Regulation 18. Any such cancellation shall release the Surety from liability for any subsequent acts of the Principal; provided, however, the surety shall remain liable for any and all acts of the Principal covered by this bond up to the date of cancellation.

2. The sum of ten thousand dollars (\$10,000.00) for this bond shall be available for payment of violations for the **2012** registration year.
3. This Bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of Fairfield Department of Health Regulation 18. Aggrieved parties are defined under 18-04 (D) (3) (b) of Fairfield Department of Health Regulation 18.

Company Name (Principal)

x

Company Representative or applicant's name (signature)

Surety Company Name

Bonding Corporation Seal
Goes Here

Surety Company Address

City

State, Zip Code

Surety Company Telephone

x

Attorney-in-Fact or Insurance Agent (signature)

Instructions:

1. Impress seal of Surety Company
2. Attach Power-of-Attorney form for Attorney-in-Fact