

City of Springfield, Oregon Set Aside Letter

City of Springfield
DPW Permit Projects
225 Fifth Street
Springfield, OR 97477



Project Title: Insert the complete project title as shown on the Final City of Springfield Public Improvement Project Permit Agreement

Project Number: Insert the complete Public Improvement Project Number

Project Description: Insert a brief description of what is being secured with this Set Aside Letter

Project Location: Insert the location of the project secured with this Set Aside Letter

Financial Institution - Bank: Insert the complete legal name of Bank, including branch

Applicant: Insert the complete legal name of Applicant

The above-referenced financial institution, hereinafter referred to as "Bank", hereby certifies that the sum of _____, (\$ _____) is on deposit with, Insert complete legal name of Bank including branch in the form of Certificate(s) of Deposit under the name of Insert complete legal name on account to secure for the City of Springfield, Oregon the Applicant's performance of certain work in connection with the above-referenced project pursuant to the Public Improvement Permit Project Agreement.

The dollar amount(s), account number(s) and maturity date(s) of the Certificate(s) of Deposit are as follows:

| <u>Certificate of Deposit Amount(s)</u> | <u>Certificate of Deposit Account Number(s)</u> | <u>Maturity Date(s)</u> |
|---|---|-------------------------|
|---|---|-------------------------|

The Bank hereby certifies and agrees that those funds will not be released without written instruction from an authorized agent of the City of Springfield, Oregon. Should the Certificates of Deposit mature prior to the City's written approval authorizing release, all proceeds of the Certificate(s) of Deposit will transfer directly into a comparable Certificate of Deposit with a future maturity date of not less than 6 months from the preceding maturity date. Any and all Certificates of Deposit being held as financial security for the above referenced project must continue to be renewed in this manner until released via written approval of an authorized agent of the City of Springfield, Oregon.

We further agree that those funds will be paid to the City of Springfield, Oregon within ten (10) days of receiving written notice that the City of Springfield, Oregon has determined that the required work has NOT been performed within applicable time limits, or that the work has NOT been properly performed. We understand and agree that in the event written notice for disbursement of funds is received prior to the maturation date of any Certificate of Deposit, funds will be withdrawn without regard to any interest which may be forfeited or penalty which may be incurred due to the early withdrawal. The Bank shall have no duty or right to, and shall not, evaluate the correctness or appropriateness of any such notice or determination by the City of Springfield, Oregon and shall not interplead or, in any manner, delay payment of said funds to the City of Springfield, Oregon. Upon receipt of City's notification Bank shall promptly pay said funds to City.

The Applicant will be responsible for any and all costs associated with this Set Aside Letter.

The Applicant hereby agrees to this assignment of funds and that its obligation to perform the required work is not limited to the amount of funds held by the Bank.

This assignment of funds is irrevocable and cannot be canceled by the Bank or the Applicant. The Set Aside Letter contains no expiration date and shall remain in force until any and all secured funds are released by written approval of an authorized agent of the City of Springfield, Oregon. There is no provision in this Set Aside Letter for any maintenance bond requirement.

Financial Institution - Bank *(Please Print)*

Address *(Please Print)*

City State Zip Code

Financial Institution Representative *(Please Print)*

Signature of Financial Institution Representative

Title *(Please Print)*

Phone Number

Date

Name of Applicant *(Please Print)*

Address *(Please Print)*

City State Zip Code

Signature of Applicant

Title *(Please Print)*

Phone Number

Date