

**Madison County Public Health**  
306 Lafayette Street PO Box 467 London, Ohio 43140  
Telephone 740-852-3065

**BOND FOR PLUMBING CONTRACTORS**

Bond No. \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS, that,** \_\_\_\_\_

of \_\_\_\_\_

as Principal, and \_\_\_\_\_

as Surety are held and firmly bound unto **MADISON COUNTY PUBLIC HEALTH** and the inhabitants of said County, hereinafter called Obligee(s), in the penal sum of Five Thousand Dollars (\$5,000.00), lawful money of the United states of America to be paid to said Obligee(s), for which payment and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed with our hands and sealed with our seals this, the \_\_\_\_\_ day

of \_\_\_\_\_, A.D. \_\_\_\_\_

Now, therefore, the condition of this Obligation is such, that if the said Principal shall faithfully observe the provisions of the Laws, Ordinances and Rules, governing work contemplated by said registration, and shall save **MADISON COUNTY PUBLIC HEALTH** and its inhabitants harmless from all liability, loss or damage of whatsoever nature that may result directly or indirectly to persons or property by reason of any act or neglect of Principal, or any person in the employ or working under Principal's supervision, with respect to work contemplated by the terms of said registration, then this obligation shall be null and void, otherwise to remain in full force and effect.

Liability under this Bond shall continue and be in full force and effect until such time as the Surety shall file with **MADISON COUNTY PUBLIC HEALTH**, a thirty day (30) day written notice of its desire to be relieved of liability hereunder. The Surety shall not be discharged from any liability already accrued under this Bond, or which shall accrue hereunder before the expiration of the thirty (30) day period.

PRINCIPAL BY \_\_\_\_\_

AFFIX  
SEAL

SURETY BY \_\_\_\_\_

BOND EXECUTED \_\_\_\_\_ BY \_\_\_\_\_

Public Health Registered Date \_\_\_\_\_ By \_\_\_\_\_ Registration No. \_\_\_\_\_

(Revised 7/2017)