

DOUGHERTY COUNTY HEALTH DEPARTMENT

2031 NEWTON ROAD, PO BOX 3046
ALBANY, GEORIGIA 31708-8201
(912)430-4153

Bond Number _____

STATE OF GEORGIA
COUNTY OF DOUGHERTY

KNOW ALL MEN BY THESE PRESENTS: That We, _____,
principal, and _____, surety, acknowledge ourselves jointly,
severally and firmly bound unto DOUGHERTY COUNTY, GEORGIA and it's successors in office, for the use
and benefit of said County for any person damaged, in the sum of
_____ DOLLARS, for the true payment of which we hereby bind
ourselves, our heirs and legal representatives.

Signed, sealed, and dated _____ day of _____, ____.

THE CONDITION OF THE ABOVE OBLIGATION IS AS FOLLOWS: The said Principal having applied
for and obtained under authority of said County a permit and license as is evidenced by this bond to
engage in the business of _____ during the year _____.

Now should said Principal faithfully do and perform all such work, and/or things done in
Dougherty county, Georgia, in accordance with all building regulations and ordinances of the said
County governing the subject, and indemnify and save harmless the said County of Dougherty, Georgia,
and the said public, and any and all person or persons damaged from any accident or damage which
may be the result of said Principal or obligator's negligence, or work, or conduct or violation of any
building regulation, and/or ordinances of Dougherty County, then bond to be void, else of full force and
effect.

Principal

Surety

Attorney-in-fact