



Road Opening Bond Form

Location of Road Opening: _____

Purpose of Road Opening: _____

Person or Company performing Road Opening: _____

Contact Phone: _____ Contact Email: _____

Date work to begin: _____

Date work purpose to be completed: _____

Print Name below

I, _____, understand that the road must be repaired back to the standards of the Town of Lloyd Highway Code, Chapter 89, for the classification of the road prior to opening. I also understand that if work is not done to the satisfaction of the Highway Superintendent in a time frame determined by the Superintendent, the money/bond deposited will be used to cover the costs of the Town of Lloyd repairing the road using Town employees and equipment.

Signature: _____

Date: _____

To be completed by the Highway Department:

Amount of money/bond to be deposited with the Town of Lloyd: \$ _____ .00

Time frame after completion of work road to be repaired: _____

Additional comments regarding work to be performed and/or repairs to roadway:

Signature of the Highway Department Superintendent: _____

Dated: _____

Please bring a fully executed copy of this form with the amount to be deposited in either a check, cash, or other type of surety bond, along with workers' compensation and liability insurance forms with the Town of Lloyd named as co-insured to the Building Department at 12 Church St, Highland, NY 12528. Checks should be made out to the Town of Lloyd. A separate check will be required for a Road Cut fee per the Town of Lloyd Fee Schedule.

Received by the Building Department. Date: _____ by: _____

Permit Number: _____