

# Request for Release of Bond

Village of Shorewood Building Division  
One Towne Center Blvd. Shorewood, IL 60404  
Phone (815) 553-2310 • Email [permits@shorewoodil.gov](mailto:permits@shorewoodil.gov)  
Website: [www.shorewoodil.gov](http://www.shorewoodil.gov)



Please note that refunds will only be made to the actual person who placed the bond as shown in our records. Refunds will only be made if requested within 6 months from the date that the occupancy permit was issued. Refund requests take approximately 30-60 days to be processed. Your refund will be mailed to you only if you are the person shown on record as placing the bond. If the bond was placed by your contractor, the bond will be returned to the contractor. The Village of Shorewood is not liable for refund requests made by you, and mailed to the contractor in the event the contractor does not reimburse you, as may be the case or as stated in closing or other legal documents you may have possession of.

## 1. Request for Release of Bond money is hereby made for the premises known as:

Permit #: \_\_\_\_\_  
Address: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_

## 2. The bond was paid by/refund check should be mailed to:

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Request is for the following:

Please fill-in amount(s)

Grading: \$ \_\_\_\_\_  
Landscaping: \$ \_\_\_\_\_  
Parkway Tree: \$ \_\_\_\_\_  
Driveway \$ \_\_\_\_\_  
Service Walk \$ \_\_\_\_\_  
Public Walk \$ \_\_\_\_\_  
Damage Bond (Surety) \_\_\_\_\_  
  
Grand Total: \$ \_\_\_\_\_

### FOR OFFICE USE ONLY

<u>Inspection Approved:</u>	<u>Date:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Cust#: _____	Approval _____