

State of:

Date:

County:

Bond Claim Notice

Location	Business/Union/School
Official Name:	Surety Bond Company
Claimant	Awarding Representative

You are hereby notified that:

hereby provides its notice of claim on

Code Violation:

Code Violation:

I am hereby notifying you that I am filing a claim against

in the full amount of the bond to cover expenses and injuries for

According to

bond he/she is responsible for the safety and well being of all people in the Union/Workplace/School. It is their responsibility to maintain a safe environment for everyone which does not include unconstitutional mandates.

DATED This:

Signature