



Since 1911

# Ottawa County Road Commission

14110 Lakeshore Drive  
Grand Haven, Michigan 49417  
Phone: (616) 842-5400  
Email: [permits@ottawacorc.com](mailto:permits@ottawacorc.com)

## REQUEST FOR BOND RELEASE

I, \_\_\_\_\_, am requesting an *inspection* for the work/activity granted by permit number \_\_\_\_\_ at \_\_\_\_\_ in Section \_\_\_\_\_ of \_\_\_\_\_ Twp.

Upon approval, I would like my bond refund to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Office Use Only:

Approval by: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Receipt number: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Account Number: \_\_\_\_\_