









Application  
for Establishing an Escrow

A. Project Information

- 1) Name of Project: \_\_\_\_\_
- 2) Project Type:  SALDO  Stormwater  Construction  Trailers  Septic  Zoning
- 3) Parcel Number: \_\_\_\_\_
- 4) Street Location: \_\_\_\_\_
- 5) Property Owner: \_\_\_\_\_
- 6) Property Owner Mailing Address: \_\_\_\_\_

B. Applicant Information

- 1) Company Name (if applicable): \_\_\_\_\_
- 2) Applicant Name: \_\_\_\_\_  
First, MI, Last
- 3) Interest in the property: \_\_\_\_\_

C. Contact Information

- 1) Contact Name (if different from B2): \_\_\_\_\_
- 2) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- 3) Fax: \_\_\_\_\_
- EMAIL: \_\_\_\_\_

D. Bill To Information

- 1) Contact Name: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Contract for Professional Services must be executed. Administrative charges will be charged according to current fee schedule. Return of Escrow needs to be requested on Escrow Account Release Request form within one year of project completion.

Opening Balance: \_\_\_\_\_ Minimum Balance: 50% Check \_\_\_\_\_

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