



Escrow Release Form

Date: _____

Account Name: _____

Planning Case/Public Works Project Number (if applicable): _____

Site Address: _____

Check made payable to: _____

Address to send check: _____

Amount: \$ _____

Final inspections have been completed (list the type and date of inspections):

Six month waiting period began on _____ and has been met.

If not applicable, please explain: _____

Please review the attached billing statements to verify that all outstanding charges have been applied to this escrow account.

Public Works Department Signature

Date

Building Department Signature

Date

Planning Department Signature

Date

Finance Director Signature

Date