



Escrow Account Set Up Form

Date: _____

Site Address: _____

Deposit made by: _____

Amount: \$ _____

Address to send statements: _____

Contact Person: _____

Telephone No.: _____ Email Address: _____

Purpose of Escrow Account: _____

Arden Hills Finance Department policy requires that escrow deposits be held for six months once a permit has been closed in order to ensure all costs associated with the project have been covered. I acknowledge that I have read this policy and fully understand that any remaining escrow balance will be released after a six-month waiting period.

Applicant Signature

Date

Office Use Only

Staff Name: _____ Department: _____

Type of Escrow:

- Landscaping
- Grading & Erosion (PW# _____)
- Site Improvements (PW# _____)
- Security Deposit – Do Not Charge
- Land Use Application (PC# _____)
- Temporary Certificate of Occupancy
- Other: _____

Additional Notes: _____
