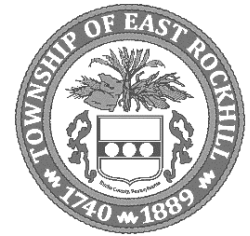


EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
 Phone: 215-257-9156 • Email: Finance@EastRockhillTownship.org



REQUEST FOR RETURN OF ESCROW FUNDS

INFORMATION:		
Name of Requestor: _____		
Project Name: _____		
<small>Name of Subdivision, Plan, Application, Proposal or Project</small>		
Project Location: _____		
Name of Requestor: _____		
Project Type: <input type="checkbox"/> Subdivision	<input type="checkbox"/> Construction	<input type="checkbox"/> Septic
<input type="checkbox"/> Land Development	<input type="checkbox"/> Temporary Trailer	<input type="checkbox"/> Sidewalk Replacement
<input type="checkbox"/> Stormwater Review	<input type="checkbox"/> Temporary Sign	<input type="checkbox"/> Other _____

By my signature I am requesting the return of my escrow funds for the below noted reason. Should any charges be incurred by East Rockhill Township for this project after the escrow has been closed, I understand those fees will be invoiced to me and are to be paid according to the executed Contract for Professional Services on file and current fee schedule.

Project is Complete
 Project is Withdrawn
 Other, please explain _____

Check Payable to: _____

Pick-up check
 Mail check to: _____

 Signature

 Date

East Rockhill Township Use

Consultant Final Billing Received

Received Stamp

Escrow Balance: _____ Administrative Fee: _____ Refund: _____

A/C: 90. _____ Approved: _____ Date: _____