



ESCROW DEPOSIT FORM

Date: _____ Amount: \$ _____

Site Address: _____
Within Bloomington, MN

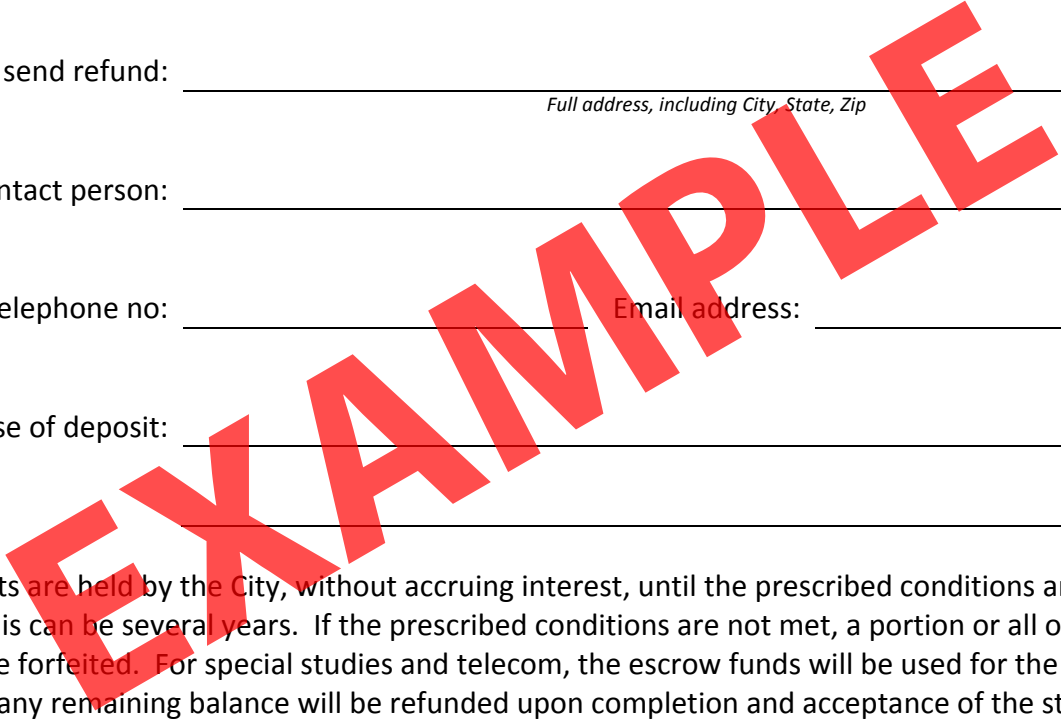
Depositor: _____
Company or Individual Name

Address to send refund: _____
Full address, including City, State, Zip

Contact person: _____

Telephone no: _____ Email address: _____

Purpose of deposit: _____



Escrow deposits are held by the City, without accruing interest, until the prescribed conditions are met. In some cases, this can be several years. If the prescribed conditions are not met, a portion or all of this escrow deposit may be forfeited. For special studies and telecom, the escrow funds will be used for the purpose of the study and any remaining balance will be refunded upon completion and acceptance of the study.

I acknowledge the above conditions of the escrow deposit.

Applicant Signature

Date

Office Use Only

Staff Name: _____

Department/Division: _____

Type of surety (escrow):

- Erosion Control (4800-22801-EROSI)
- Driveway (held in safe for 10 business days)
- Special Event (4800-22801-SPEVT)
- Other: _____ coding: _____

- Landscaping (4800-22801-LNDSC)
- Special Study (4800-22801-__DEV)
- Telecom (4800-22801-TELCM)

Additional Notes: _____