



Escrow Account Application

Company/Organization Name: _____
Contractor's License #: (if applicable) _____
Contractor's ID #: _____

Name of License Holder/President/owner: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Office Number: _____ Fax: _____
Additional Number(s): _____
Email Address: _____

Authorized Agent(s):

(Please ensure Applicant is listed as an authorized agent in Hansen)

Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____

The following items may be deducted from the escrow account:

Permits only Re-inspection fee's and Scheduling fee's only All fee's

Or No fee's may be deducted from the escrow account unless authorization from agent is given.

I authorize the individuals above to use this escrow account with the Planning and Development Services Department. I understand that I am responsible for maintaining the balance on this account. I understand that if I do not list any agent(s) to use my escrow account they will not be authorized until the escrow application form is filled out completely.

Date: _____

Signature of

Authorized Agent: _____ Print Name: _____

FOR OFFICE USE ONLY

Contactor ID# _____

Escrow Account # _____ Employee Name: _____