EAST ROCKHILL TOWNSHIP
Application for Establishing and Escrow

A. Project Information

1) Name of Project:_____
2) Project Type: __ SALDO__ Stormwater__ Construction__ Trailers __ Septic __ Zoning
3) Parcel Number: _____
4) Street Location: _____
5) Property Owner: _____
6) Property Owner Mailing Address:_____

B. Applicant Information

1) Company Name (if applicable):_____
2) Applicant Name: _____
Mr./Mrs./Ms. First Name M.I. Last Name
3) Interest in the property:_____

C. Contact Information

1) Contact Name if different from B.2): _____
2) Phone Numbers: _____ Cell:_____
3) Fax Number:_____
4) EMAIL:_____
5) Please CC the Following People on all Invoices and Review Letters:
a. _____
Name Address
b. _____
Name Address

D. Bill To Information

1) Contact Name: _____
2) Address:_____
_____
_____
Tel: _____

Opening Balance: _____Minimum Balance: 50% Check _____

Applicant Signature:_____ Date: _____

For Township Use:
Account Number:_____
Open Date:_____
Close Date:_____