



Request for Return of Escrow

MUNICIPALITY: EAST ROCKHILL TOWNSHIP, BUCKS COUNTY, PENNSYLVANIA
1622 N. Ridge Road, Perkasi Pa 18944
Telephone: 215-257-9156 Fax: 215-257-1299
EMAIL: manager@eastrockhilltownship.org

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS : _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE NUMBER: _____

EMAIL: _____

PROJECT OR SUBDIVISION: _____

SIGNATURE OF REQUESTOR: _____ **DATE:** _____

REASON FOR REQUEST

PROJECT IS COMPLETED

PROJECT IS WITHDRAWN

PROJECT IS DENIED

OTHER (EXPLAIN BELOW)

For the Municipality to complete

Date: _____ Escrow Balance: _____ Administrative Fees: _____ Refund: _____

Approved by: _____ Date: _____