



**Request for Return of Escrow**

**MUNICIPALITY:** EAST ROCKHILL TOWNSHIP, BUCKS COUNTY, PENNSYLVANIA  
1622 N. Ridge Road, Perkasio Pa 18944  
Telephone: 215-257-9156 Fax: 215-257-1299  
EMAIL: [manager@eastrockhilltownship.org](mailto: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PROJECT IS WITHDRAWN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: \_\_\_\_\_