



POINT OF SALE ESCROW ACCOUNT – DISBURSEMENT REQUEST FORM

Please note: Account holder must contact the Building & Housing Department at 216 491-1471 before submitting this form to determine the amount of escrow funds eligible for disbursement. For each disbursement check, \$15 will be deducted from the Escrow Account. Disbursements may take up to 20 business days after approval for check issuance.

Undersigned Escrow Account holder requests that funds in my Escrow Account be disbursed in part or in whole as follows:

Property Address: _____

Permanent Parcel Number: _____

Escrow Account:

Account Number: _____

Name of Account Holder: _____

Mailing Address: _____

Telephone #: _____ Check one: Home: Office: Cell:

2nd Telephone #: _____ Check one: Home: Office: Cell:

E-Mail: _____

I affirm that (check one) a portion / all of the Housing Code violations listed on the Point of Sale Certificate of Inspection for the address above have been corrected. I request that the City confirm that the violations have been corrected and approve a release of funds held in escrow as allowed by City law and my Escrow Agreement.

Once approved, a partial or final disbursement check will be sent to the address above, made payable to the Account Holder.

By signing below, I affirm that I have the authority to make this request for disbursement as the Account Holder or on behalf of the Account Holder (if Account Holder is an entity).

Name of Account Holder: _____

Signature and Date: _____

(of person making request for disbursement)

If Account Holder is an entity, provide your relationship to the entity: _____

FAX, EMAIL, HAND-DELIVER OR MAIL THE COMPLETED FORM TO:

Building and Housing Department, 3400 Lee Road, Shaker Heights, Ohio 44120

Fax: (216) 491-1466; Email: housing.insp@shakeronline.com.

FOR OFFICIAL USE ONLY

City of Shaker Heights: APPROVES DISAPPROVES the request for disbursement.

If Approved: Amount approved: \$ _____; This is the (# of this disbursement) _____ disbursement;

If Disapproved: Reason for disapproval: _____

Housing Commissioner and Date: _____

Finance Department PO# and Verification of Amount: _____

Finance Director and Date: _____