



1331 SW 171st. Terrace, Pembroke Pines, FL 33027 Tel.:
 (954) 432-3336 - email: lidoisles@blueshieldpm.com

REQUEST FOR FINAL INSPECTION AND REFUND OF ESCROW DEPOSIT

Please submit this form with all final permit approvals from the Pembroke Pines Building Department if applicable.

Date of Application:			
Owner's Name:			
Property Address:		Lot Number:	
Mailing Address:			
Phone Number:		Email:	
Date of ARC Approval:			
Description of Project:			

Escrow Deposited				
Check #:		Check Date:		Amount: \$

1. Owner hereby request a refund of the Escrow Amount Deposited in the sum of	\$
2. REFUND FOR OTHER REASON – e.g. DUPLICATED PAYMENT OF	\$
3. Details of Payment made for which Refund is requested	

Homeowner's Signature	Homeowner's Signature

Date received by LIDO ISLES HOMEOWNER'S ASSOCIATION, INC.:		
Date of Homeowner Notification:		
Date of Inspection:		<input type="checkbox"/> Approved as completed <input type="checkbox"/> Not Approved
Reason of Disapproval, if any:		

BOD Refund Approved By:	
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