

**ORROCK TOWNSHIP
REQUEST FOR DRIVEWAY ESCROW RELEASE**

26401 180TH STREET NW
BIG LAKE, MN 55309
763 263 6411
EMAIL clerk@orrocktownship.com

FOR OFFICE USE ONLY
Request Received by/date _____/_____
Final Inspect by/date _____/_____
Approved for Release of Escrow by/date _____/_____

PLEASE PRINT

Original Payor _____ Phone _____ Email _____
Address _____

Person Requesting Escrow Fund Balance (if different than original payor)

Name _____ Phone _____ Email _____
Address _____

Project Information

Permit number _____ Address _____
Parcel ID # 35-_____-_____ Plat: _____ Block: _____ Lot _____

I (we) the undersigned, herewith make application for release of remaining escrow funds for the above named project at the location indicated. I (we) are the original payor of the escrow or have provided a signed release from the original payor or have provided other legal documentation which allows payment to be made to me (us). If Further, I (we) the undersigned, are in agreement that the escrow balance being returned is accurate.

Signed: _____ Name (Print) _____

Date: _____ Address: _____

FINAL INSPECTION REPORT

All building materials delivered Culvert installed at bottom of ditch or driveway is at highpoint
Construction entrance has been installed Ditch Sloping is less than a 4:1
Soil tracking onto roadway has been cleaned 70% of disturbed ROW has been established
Any damage to roadway has been repaired No obstructions added to ROW
Escrow needs to be returned NOTES: _____

Inspection completed on: _____ By: _____

Funds Released by: _____ Title _____

Signed: _____ Date: _____