

ESCROW REFUND REQUEST

Business Name (if applicable): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number:(____) _____ - _____

Site Address (if different from above): _____

Right of Way Permit #: _____ Date Issued: _____

Escrow Refund Request Amount: _____

Signature of Applicant: _____

The escrow refund will be paid to the individual/company who paid the original escrow fee

Refund Process

- All areas surrounding this project were left in equal to or better condition than its existence prior to the beginning of the project.
- Email completed request to pubwks@ci.becker.mn.us or drop off at Public Works at 11956 Gardner Street, Becker, MN 55308
- In most cases the Streets and Parks Operations Lead will inspect the site within one week of receiving the refund request.
- Upon completion of this inspection, notice will be given if the inspection is deemed insufficient and thus a new inspection is required. If the inspection is satisfactory, the finance department will be notified and will begin the process for the escrow funds to be released.

Office Use Only

- Site was inspected on _____ and found to be satisfactory
- Site was inspected on _____ and found to be unsatisfactory. The following actions must be taken prior to a refund being issued: _____

Signature of Public Works Department: _____ Date: _____

Form No	Form Title (Name)	Rev No	Effective Date	Form Owner Job Title
84003	ROW - Escrow Refund Request	3	06 06 2022	Admin Support Specialist