

TOWN OF CLARKSTOWN  
10 MAPLE AVENUE  
NEW CITY, NY 10956

# RETURN OF ESCROW

\_\_\_\_\_  
(DATE)

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**ARTICLE:**

Return of Escrow Funds deposited with Building Inspector to guarantee compliance with Chapter 290 or Chapter 269 Town Code, Town of Clarkstown, or General Escrow Agreement relating to:

SUBDIVISION/SITE PLAN NAME: \_\_\_\_\_ BUILDING PERMIT #: \_\_\_\_\_

MAP: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ OLD TAX MAP #: \_\_\_\_\_ SUB LOT: \_\_\_\_\_

DATE OF ESCROW DEPOSIT: \_\_\_\_\_ FOR: \_\_\_\_\_ Amount \$ \_\_\_\_\_

The foregoing charges are correct and reasonable. FOR: \_\_\_\_\_ Amount \$ \_\_\_\_\_

The services have been rendered and the material furnished as billed. FOR: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Official Title to be signed by Town Official Only: FOR: \_\_\_\_\_ Amount \$ \_\_\_\_\_

FOR: \_\_\_\_\_ Amount \$ \_\_\_\_\_

FOR: \_\_\_\_\_ Amount \$ \_\_\_\_\_

DEPT. OF ENVIRONMENTAL CONTROL APPROVAL FOR ESCROW RELEASE: \_\_\_\_\_ Total \$ \_\_\_\_\_

DATE

DEC INSPECTOR'S SIGNATURE

DEC FINAL APPROVAL SIGNATURE: \_\_\_\_\_

BLDG DEPT FINAL APPROVAL SIGNATURE: \_\_\_\_\_

CLAIMANT MUST SIGN ON REVERSE SIDE OF VOUCHER AND RETURN WITH ORIGINAL INVOICE.

TOWN OF CLARKSTOWN  
ROCKLAND COUNTY

\_\_\_\_\_ does hereby  
certify that he is the person or is an authorized officer of the  
Company or Corporation making the within Claim, and that the  
items of the foregoing account or claim are true and correct; that  
the services, materials and disbursements charged therein have  
been actually performed for and furnished to and made for said  
town at the time stated therein; that no part has been paid or  
satisfied, and there is now due thereon the amount of said bill  
over and above all offsets or counter claims known to Claimant.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

Claim No. \_\_\_\_\_ Date \_\_\_\_\_

Claimant \_\_\_\_\_

Address \_\_\_\_\_

Amount Claimed and Allowed \$ \_\_\_\_\_

Charges approved as correct and reasonable

\_\_\_\_\_  
Comptroller

Ordered Paid from Budget Fund

Classification \_\_\_\_\_

Check No. \_\_\_\_\_

REMARKS

**(Do not fill in above space)**  
**Do not attach anything to this side of bill**