

Town of Silverthorne Incomplete Work at Time of CO Escrow Worksheet



-----**Escrow Collection**-----

Project Name: _____ Building Permit #: _____
Project Physical Address: _____
Legal Description of Project Parcel: _____
Owner/Account Party: _____
Owner/Account Party Mailing Address: _____
Owner/Account Party Phone: _____ Owner/Account Party Email: _____
Form of Escrow: Check LOC SmartGov Xpress BillPay
LOC #: _____ LOC Amount: _____ LOC Expiration Date: _____
LOC Issued By: _____ LOC Issued Date: _____
Check #: _____ Check Date: _____ Check Amount: _____
Total Estimated Cost of Incomplete Work: _____ x 150% = _____
Description of Incomplete Work: _____

Owner/Account Party Signature: _____ Date: _____
TOS Rep Signature: _____ Date: _____

*NOTE: The estimated cost to complete the work must be attached to this form.

-----**Escrow Release**-----

Reinspection Date: _____ Inspector: _____
Total Amount Released: _____ Release Date: _____
Released By (Name): _____ Signature: _____