



SHAKER HEIGHTS  
POINT OF SALE ESCROW ACCOUNT  
DISBURSEMENT REQUEST FORM

*NOTE: ACCOUNT HOLDER MUST CONTACT THE HOUSING INSPECTION DEPARTMENT AT 216-491-1470 BEFORE SUBMITTING THIS FORM TO DETERMINE THE AMOUNT OF ESCROW FUNDS ELIGIBLE FOR DISBURSEMENT.*

*For each disbursement check \$15 will be deducted from the Escrow Account. Disbursements may take up to 7 business days for receipt of funds.*

The undersigned Escrow Account holder requests that funds in my Escrow Account be disbursed in part or in whole as follows:

Property Address: \_\_\_\_\_

Permanent Parcel Number: \_\_\_\_\_

Escrow Account:

Account No.: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Check one: Home \_\_ Office: \_\_ Cell\_\_

2<sup>nd</sup> Telephone #: \_\_\_\_\_ Check one: Home \_\_ Office: \_\_ Cell\_\_

E-Mail: \_\_\_\_\_

I affirm that (check one) a portion \_\_\_\_/all \_\_\_\_ of the Housing Code violations listed on the Point of Sale Certificate of Inspection for the address above have been corrected. I request that the City confirm that the violations have been corrected and approve a release of funds held in escrow as allowed by City law and my Escrow Agreement.

Once a partial or final disbursement is approved, a check will be sent to the address above, made payable to the Account Holder.

By signing below, I affirm that I have the authority to make this request for disbursement as the Account Holder or on behalf of the Account Holder (if Account Holder is an entity).

Name of Account Holder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(of person making request for disbursement)

If Account Holder is an entity, provide your relationship to the entity: \_\_\_\_\_

**FAX, EMAIL, HAND-DELIVER OR MAIL THE COMPLETED FORM TO:**

Housing Inspection Department, 3450 Lee Road, Shaker Heights, Ohio 44120; Fax # 216-491-1456;

Email: housing.insp@shakeronline.com.

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City of Shaker Heights - APPROVES \_\_\_\_ DISAPPROVES \_\_\_\_ the request for disbursement. IF APPROVED: Amount approved: \$ \_\_\_\_\_; This is the (# of this disbursement) \_\_\_\_\_ disbursement;

IF DISAPPROVED: Reason for disapproval: \_\_\_\_\_