



The Gateway of Michigan

ESCROW POLICY AFFIDAVIT

I acknowledge that I have received and read copy of New Buffalo Township's escrow policy concerning required deposit of escrow fees.

Name: _____
(Please Print)

Signature: _____
(Date)

PROJECT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:		
CONTACT PERSON/COMPANY: (Billing Purposes)		

ALL ESCROW CHARGES MUST BE CURRENT OR PROJECT WILL BE REMOVED FROM PLANNING COMMISSION AGENDA AND NO ACTION WILL BE TAKEN.

ESCROW FOR PRIVATE ROADS MUST BE CURRENT; NO BUILDING PERMITS WILL BE ISSUED IF A BALANCE IS OWING.

For Office Use Only

FEE	
RECEIPT NO	
DATE	