



ESCROW REFUND REQUEST

City of Becker
Streets Department
Sarah Schafer
Administrative Support Specialist
11956 Gardner Street
P.O. Box 250
Becker, MN 55308
763-200-4275
sschafer@ci.becker.mn.us

Business Name (if applicable): _____

Contact Name: _____

Address: _____

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

Site Address (if different from above): _____

Right of Way Permit #: _____ Date Issued: _____

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 sschafer@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: _____

Table with 5 columns: Form No, Form Title (Name), Rev No, Effective Date, Form Owner Job Title. Row 1: 84003, ROW - Escrow Refund Request, 0, 10/11/18, Admin Support Specialist