

City of Inverness
212 West Main Street
Inverness, FL 34450-4801
(352) 726-3401

Escrow Application

I, _____ hereby apply for a Escrow Account from the City of Inverness to pay for permits issued in the name of the following business: Registration #: _____

1. Name of Business or Corporation: _____
2. Name of Owner or qualifier: _____
3. Name of (if applicable): _____
4. Location of Business:
 - Street _____
 - City/State/Zip: _____
5. Mailing address: (if different from above)
 - Street _____
 - City/State/Zip: _____
6. Business Phone: _____ 7. Fax Phone: _____

A minimum amount of \$500.00 is required to open all escrow accounts.

You must be currently registered with the City and remain current to access your account.

Note: Owner or authorized agent must sign application.

Signature: _____ Date: _____

Office Use Only

Date Paid: _____ Receipt #: _____ Deposit \$ _____