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# ESCROW REFUND REQUEST FORM

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The City of Leander collects escrow deposits during various phases of the subdivision and site development process. The purpose in this form is to request a refund of the deposit once the project is completed. Please contact the Planning Department at 512-528-2750 or [planning@leandertx.gov](mailto:planning@leandertx.gov) to submit the request.

## INSTRUCTIONS

- Fill out the request form completely prior to submission.
- Upon receipt of the completed form, the Parks Department will conduct an inspection of any required recreation improvements if the request is associated with a recreation improvement deposit.

## TYPE OF REQUEST

Select the type of refund requested:

- Recreation Improvement Deposit       Site Development / Conditional Certificate of Completion Deposit
- Development Agreement Deposit       Other: \_\_\_\_\_

## PROJECT INFORMATION

Agreement Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Original Payee: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Pay Refund of Escrow Funds to (select one):

- Original Payee
- New Contact for Original Payee or updated address (contact information listed below):

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Original Deposit: \_\_\_\_\_ Refund Request Amount: \_\_\_\_\_

## REQUIRED SUPPORT INFORMATION:

\_\_\_ 1. Refund Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ 2. Invoices confirming that the installed recreation improvements meet the requirements (if applicable)

***Do Not Write Below – Staff Use Only***

Approved Amount: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Director Signature: \_\_\_\_\_