



VILLAGE OF LINCOLNWOOD

6900 Lincoln Ave. | Lincolnwood, IL 60712 | Phone: 847-673-7402

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Deposit Authorization Form

PROJECT ADDRESS: _____ PERMIT NUMBER: _____

NAME OF PROPERTY OWNER: _____

NAME OF APPLICANT: _____

This project requires funds to be deposited and held by the Village for the duration of the project. Provide information below for the return of any deposit amount remaining at the completion of the project.

PAYABLE TO: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

Identify/explain if different from property owner/applicant (contractor, engineer, attorney, etc.) _____

DEPOSITS HELD SHALL ONLY BE REFUNDED TO NAME PAYABLE IDENTIFIED ABOVE

The Village shall retain all amounts deposited in a non-interest-bearing account until such time as: 1) all work is completed; 2) the Village has conducted all final inspections; and 3) the Village, in its sole discretion, has provided written approval of the work.

At the conclusion of the project, the Village shall return any remaining amount of the deposit to the name payable indicated above, less any amounts the Village expends to complete the work to its satisfaction.

By signing below, I hereby attest that the person named as payable above provided the fund amounts that have been deposited with the Village or is otherwise authorized by to the property owner to receive the deposit refund. I understand the terms and conditions for return of the deposit and agree to indemnify and save harmless the Village, its officials, employees, and representatives from any and all liability regarding the use, refund, and/or disbursement of the deposit.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	
Deposit Type:	
Street Opening / R.O.W. - \$ _____	Zoning: \$ _____
Site Management - \$ _____	Other: _____ - \$ _____
TOTAL DEPOSIT: \$ _____	