



City of Zimmerman

12980 Fremont Avenue
Zimmerman, MN 55398

Telephone 763-856-4666 * Fax 763-856-4787
www.zimmerman.govoffice.com

Escrow Reimbursement Request

Address of Escrowed Property _____

Receipt Date: _____

Pay to: _____ Builder

Receipt Number: _____

_____ Homeowner

Check Number: _____

_____ Other

Name – Reimbursement will be made payable to _____

Address – Reimbursement will be mailed to _____

Phone Number _____

City _____

State _____

Zip Code _____

Sod & Landscape (\$1,500); Driveway (\$1,000) _____

Total _____

I declare under penalties of perjury that this claim is just and correct and no part of it has been paid previously to this claim.

Applicants Signature _____

Date _____

For office use only: Date Received _____ Received by: _____ Date Reimbursed: _____

Additional Notes:

City Staff have inspected and confirmed that the work has been completed.

City Official Signature _____

Inspection Date _____