



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: _____

Pay to: _____ Builder	Receipt Date: _____
_____ Homeowner	Receipt Number: _____
_____ Other	Check Number: _____

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 _____