

City of Lambertville  
18 York Street  
Lambertville NJ 08530

Request for Refund of Escrow Fund

\_\_\_\_\_  
Date of Request

Name of Person Requesting Refund: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

At this time I, \_\_\_\_\_, being the applicant / representative of the application for \_\_\_\_\_, Block \_\_\_\_\_ Lot \_\_\_\_\_ am requesting that the City of Lambertville refund any unexpended escrow funds from my Planning Board / Zoning Board of Adjustment account.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

**Office Use Only:**

I, Crystal Lawton, Board Administrative Officer, confirm that no additional invoices have been or will be received regarding this application. All remaining escrow funds may be returned at this time.

\_\_\_\_\_  
Crystal Lawton, Administrative Officer

\_\_\_\_\_  
Date