



# Nantucket Planning Board

## REQUEST FOR REFUND OF ESCROW

Date: \_\_\_\_\_

Special Permit / AR Planning Board File #: \_\_\_\_\_

Property address: \_\_\_\_\_

Map: \_\_\_\_\_, Parcel: \_\_\_\_\_

Name of owner(s)/applicant(s): \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Received final inspection from the Planning Board/Engineering Consultant: YES / NO

Name & Address of whom the check should be *made out to*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please attach a completed Form W-9 with a matching name and address to the request form\**

Signature of owner(s)/applicant(s): \_\_\_\_\_