



PREVENT. PROMOTE. PROTECT.

**HAMILTON COUNTY PUBLIC HEALTH**

250 William Howard Taft Road, 2nd Floor

Cincinnati, Ohio 45219

513-946-7854 Fax 513-946-7925

www.hamiltoncountyhealth.org

**APPLICATION TO ESTABLISH AN ESCROW ACCOUNT**

Please type or print legibly

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/Township/Village \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Tax ID# \_\_\_\_\_

List individuals from your company authorized to access this escrow account

Last \_\_\_\_\_ First \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Owner and/or Primary Contact Individual

Last \_\_\_\_\_ First \_\_\_\_\_

Owner's authorization

Signature \_\_\_\_\_ Date \_\_\_\_\_

We will accept a check or money order to establish and maintain this account. However, you are NOT eligible to establish an escrow account if you have ever issued a bad check (insufficient funds) to The Hamilton County General Health District.

Receipt # \_\_\_\_\_ Processed by \_\_\_\_\_

Date \_\_\_\_\_