



PREVENT. PROMOTE. PROTECT.

HAMILTON COUNTY PUBLIC HEALTH

250 William Howard Taft Road, 2nd Floor

Cincinnati, Ohio 45219

Phone: 513-946-7800 Fax: 513-946-7925

www.hamiltoncountyhealth.org

APPLICATION TO ESTABLISH AN ESCROW ACCOUNT

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 _____

**By electronically signing this document, you are stating that you are the owner and authorize the establishment of an escrow account.*

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 _____