

Inspection/Cert. # \_\_\_\_\_

Inspection Fee: \_\_\_\_\_

Escrow Account # \_\_\_\_\_

**City of Sheboygan  
Building Inspection Dept  
828 Center Avenue  
Sheboygan, WI 53081**

**(920) 459-4064 or 459-4081  
Fax (920) 459-0210**

**Clearwater Escrow/Inspection Request Information:**

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

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

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

Parcel #: \_\_\_\_\_

Special Access Instruction: \_\_\_\_\_

Lock Box: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

Email address: \_\_\_\_\_

Fax # \_\_\_\_\_

Company or Agency if other than owner: \_\_\_\_\_

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**To Set up an escrow account - please fill out the remainder of this form:**

Responsible party for account: \_\_\_\_\_  
Name

Contact information:

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

Email Address: \_\_\_\_\_

Telephone Numbers:

Office ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_