



UPPER DARBY TOWNSHIP

DEPARTMENT OF LICENSES AND INSPECTION

Fire Escrow Release Request

Property Owner/Insured's Information

Name of Insured & Address:	
City:	State:
Name & Title of Representative Requesting Release:	

Project Information

Address Where Work is Being Performed:
Permit Type:
Percent Reduction Requested
Dollar Amount of Reduction Requested
Inspector Assigned:

Signature of Requestor

Date

Section Below Completed by the Township

Amount to release based on inspection:
Inspector Signature & Date:
Director of L&I Signature & Date:
Director of Finance Signature & Date:
Actual Amount of Escrow Released (Finance):
Balance of Escrow (Finance):