EAST COCALICO WATER & SEWER TOWNSHIP AUTHORITY

102 Hill Road, Denver, PA 17517
Phone: (717) 336-1731
Email: water@ecocalicotwpauth.com
www.eastcocalicotownshipauthority.com

ADMINISTRATIVE ESCROW AGREEMENT FOR MISCELLANEOUS PROJECTS

Project Name: _____ Property Owner: _____

Project Location: _____ Job No./Plan Sheet Nos.: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Owner hereby agrees to submit an initial Administrative Escrow Deposit in the amount of _____ _____ DOLLARS ($_____) with the East Cocalico Township Authority ("Authority"), as determined by the Authority using the Authority's Fee Schedule (Appendix A of the Administrative Procedures) as a guide. The initial Administrative Escrow Deposit shall include, but shall not be limited to, estimated costs for reviewing plans, calculations, and reports; construction inspections; as well as administrative, legal, and engineering services associated with the above-noted property/project.

Owner further agrees to replenish the Administrative Escrow account to the amount originally posted, should the balance of the Administrative Escrow account reach fifty percent (50%) of the initial Administrative Escrow Deposit and within ten (10) days of the date of written notification from the Authority requesting same. Any monies remaining in the Administrative Escrow account shall be returned to Owner upon completion and final approval of the project.

The Authority shall cease all reviews and shall discontinue the provision of any Authority-provided services, including services provided by Authority's professional consultants, until such time as the Administrative Escrow account is properly funded per this Agreement.

PROPERTY OWNER

Date: _____

_____
Signature

_____
Printed Name and Title

Date: _____

EAST COCALICO TOWNSHIP AUTHORITY

BY: _____
, (Vice) Chairman

ATTEST: _____
, (Assistant) Secretary

(Authority Seal)

For ECTA Use Only – Administrative Escrow Paid	Original: Project File
Water: $_____ Sewer: $_____ Date Paid: _____ Received By: _____ ☐ Cash ☐ Check # _____	Copies to: Applicant ECTA Accountant