

KAREN LONG
CHISAGO COUNTY RECORDER
Chisago County Government Center
313 N Main St - Room 277
Center City, MN 55012
Phone: 651-213-8580
Fax: 651-213-8581

ESCROW ACCOUNT AUTHORIZATION FORM

Company Name: _____

Address: _____

Contact Person: _____

E-Mail of Contact Person: _____

Phone: _____

Fax: _____

Escrow funds may be used for:

- _____ Recording fees including: document recording, well disclosure,
attested copies (copy provided by customer) and/or certified copies.
- _____ Copies requested within the office
- _____ Search and send requests (fax, mail, or email)
- _____ LandShark Fees

Chisago County will provide a monthly statement of account on or before the 15th of each month for the prior month's activity. Disputed charges should be brought to the attention of the County Recorder within 30 days of statement.

On behalf of the above named company, I authorize the Chisago County Recorder/Registrar to reduce my escrow balance for the above indicated service charges. I agree that account number will be included when requesting a debit from escrow account.

Authorized Signer: _____ Date: _____

Printed Name: _____ Title: _____

Office Use Only: Account Number Assigned: _____

Recorder Approval: _____ Date: _____