



1331 SW 171<sup>st</sup>. Terrace, Pembroke Pines, FL 33027 Tel.:  
 (954) 432-3336 - email: [lidoisles@blueshieldpm.com](mailto:lidoisles@blueshieldpm.com)

## REQUEST FOR REFUND OF ESCROW DEPOSIT

*Please submit this form with all final permit approvals from the Pembroke Pines Building Department if applicable.*

Date of Request:			
Owner's Name:			
Property Address:		Lot Number:	
Mailing Address:			
Phone Number:		Email:	
Description of Project:			

### ESCROW DEPOSIT INFORMATION

Check #:		Check Date:		Amount:	\$
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1. Owner hereby request a refund of the Escrow Amount Deposited in the sum of:	\$
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Homeowner's Signature	Homeowner's Signature

<b>Date received by LIDO ISLES HOMEOWNER'S ASSOCIATION, INC.:</b>		
Date of Homeowner Notification:		
		<input type="checkbox"/> <b>Approved for Refund</b> <input type="checkbox"/> <b>Not Approved</b>
Reason of Disapproval, if any:		

BOD Refund Approved By:	
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