



Form 5A – Home Owners Association (HOA) Escrow Account / Maintenance Request Form

City of Prattville Review

Approved By: _____ Date: _____

Required Attachments: Engineer's Estimate Contractor's Bid Annual Escrow Account Disclosure Statement

Approval Status: Approved Denied Incomplete Withdrawal Amount Approved: \$ _____

Comments: _____

Home Owners Association (HOA) Information:

Date: _____

Development Name: _____

HOA Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

HOA Board Members:

Name	Title	Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Escrow Account:

Financial Institution: _____ Phone: _____

Contact: _____ Fax: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Required Attachment: Annual Escrow Account Disclosure Statement

Five Year Escrow Account Summary:

Date	Beginning Balance	Contributions	Withdrawals	Ending Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For escrow payment schedule information, please contact the Planning Department at (334) 595-0500.



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Fund Request from Escrow Account for Maintenance:

Required Attachment: Engineer's Estimate or Contractor's Bid

BMP ID	BMP Type	Summary of Maintenance	Amount Requested
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
		Total Amount Requested:	\$ _____

Request by:

HOA Name: _____ Phone: _____

Contact: _____ Fax: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

Date: _____