



Borough of West Cape May
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609-884-1005
www.westcapemay.us

Planning-Zoning Board

Theresa Enteadó
Secretary
Paul Mulligan
Chair
Fax: 609-898-0888

REQUEST FOR RETURN OF UNUSED ESCROW FUNDS

Applicant Name (s): _____

Applicant Number: _____

Subject Property: _____

I hereby request return of unused funds from the escrow fee that was submitted for deposit with my application to the Planning-Zoning Board.

Please make the check payable to: _____

Please mail the check to: _____

Applicant Signature

Date

For Board Use Only

Date Received:

Payment: