



# 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.



# Form 5A – Home Owners Association (HOA)

## Escrow Account / Maintenance Request Form

**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
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total Amount Requested:</b>			\$ _____

Request by:  
 HOA Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_