

KATHY DIETZ

Sibley County Recorder/Registrar of Titles/Abstracter
Sibley County Courthouse
400 Court Avenue, PO Box 44
Gaylord, MN 55334-0044
507-237-4080 Fax: 507-237-4306

ESCROW REQUEST / AUTHORIZATION FORM

Company Name: _____

Address: _____

Contact Person: _____

Telephone Number: () _____

E-mail Address: _____

Escrow funds may be used for:

- Document Recording fees
- Including well disclosure fees, certified copies and duplicate information
- Copies requested within the office
- Condition of Register and search fees
- Fax requests
- Landshark image and monthly fees (if applicable)

On behalf of the above named company, I authorize the Sibley County Recorder/Registrar of Titles to reduce my escrow balance for the above service charges. I agree that all my employees will present our account number when requesting a debit from our escrow account.

Authorized Signer: _____ **Date:** _____

Title: _____