



# CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7100 ~ Fax: (702) 735-0775

## Fire Prevention Escrow Account Request

Website: <http://www.clarkcountynv.gov/building/fire-prevention>

Email: [permits@ClarkCountyNV.gov](mailto:permits@ClarkCountyNV.gov)

Submittal Date: \_\_\_\_\_

Escrow Account #: \_\_\_\_\_  
*(If applicable)*

Check Type:  New  Update  Close

Low Limit Threshold: \$ \_\_\_\_\_

### ESCROW ACCOUNT INFORMATION

Company/Escrow Name: \_\_\_\_\_

Dept/Branch: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Country, Zip Code: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Company Fax Number: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

### ACCOUNT MANAGER INFORMATION

Account Manager Name: \_\_\_\_\_

Account Manager Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_

Account Manager Email Address: \_\_\_\_\_

### AUTHORIZED USER INFORMATION

*(All individuals authorized to sign CCBD-Fire Prevention Bureau applications and/or access account information)*

Check Type:  Add  Inactivate

Print Last Name, First Name *(include email address for those individuals who should also receive monthly escrow activity reports)*

1. \_\_\_\_\_ 2. \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

**Customer note:** An escrow account will only be created if there are funds to be deposited, resulting from a company check, cash, money-order, or overpayment/escrow transfer. For new accounts, please mail or hand-carry this form to the address listed above with your account deposit. Checks must be drawn on a US bank in US funds and made payable to CCDB-Fire Prevention. If you wish to update account information, you may email or fax this form to the email address or fax number listed above.

**\*\* This form must be signed by the Account Manager referenced above. \*\***

\_\_\_\_\_  
Account Manager Name and Title

\_\_\_\_\_  
Account Manager Signature

#### Fire Prevention Finance Personnel Use Only

FEA Account#: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_