

**SHARON A. MARTIN
REGISTER OF DEEDS**

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**ESCROW ACCOUNT AGREEMENT
(For copies of Real Estate Records)**

The firm of _____ whose address is _____, hereby establishes an Escrow Account for the purpose of purchasing copies of real estate records available in the office of the Washington County Register of Deeds. A minimum \$100 check to establish the account is required. Escrow account balance statements will be sent with your monthly invoice the first of each month. Customers are expected to keep a positive escrow balance.

Please give 3 weeks notice if you wish to discontinue the escrow account. To terminate this escrow account, be advised that **we are unable to write checks so you will need to draw down your account in order to discontinue.**

Name of firm Date

Name of contact person: _____

Email of contact person: _____

Telephone number of contact person: _____

Address: _____

C/S/Z: _____

Received \$ _____ from the above firm on _____.

Sharon A. Martin, Register of Deeds

Date