



SHEBOYGAN COUNTY REGISTER OF DEEDS

ELLEN R. SCHLEICHER

Register Of Deeds

508 New York Ave.

Sheboygan, WI 53081

Phone: (920) 459-3023

Fax: (920) 459-1338

Nila Born

Office Supervisor

ESCROW ACCOUNT FORM

The company of _____ whose address is _____, phone number is _____, fax number is _____ and email address is _____, hereby establishes an escrow account. The initial deposit of _____ (must be at least \$25) for the purpose of receiving document copies and/or recording documents in the office of the Sheboygan County Register of Deeds.

Signature of company officer

Date

Name printed/typed

Title of signor

These people are authorized to use the escrow account:

USER NAME: _____

PASSWORD: _____

IF YOU ARE UPDATING THIS FORM YOU DO NOT NEED TO COMPLETE THE INITIAL DEPOSIT, USER NAME AND PASSWORD AREAS.

Note: If any of this information changes, it is the responsibility of the company to complete an updated Escrow Account Form and forward it to the Register of Deeds office.

FOR OFFICE USE ONLY	DATE _____
NEW ACCOUNT	
ESCROW SETUP IN I-DOC:	_____
LAREDO SETUP:	_____
PICK UP DRAWER SETUP & ADD TO LIST	_____
ENTER ON SPREADSHEET	_____
ADD TO CURRENT ESCROW LIST	_____
UPADTE ACCOUNT INFO	
EDIT IN I-DOC	_____
CHECK USER NAME LIST	_____
SPREADSHEET & CURRENT ESCROW LIST	_____
GIVE A COPY TO ACCT CLERK	_____