



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

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

Trust Account Request

Website: <http://www.clarkcountynv.gov/building>

Email: BDFPfinance@ClarkCountyNV.gov

Account Type: Building

Fire Prevention

Both

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

Finance Personnel Use Only

FEA Account#: _____ Date Processed: _____ Processed By: _____