

REQUEST FOR RELEASE OF FUNDS FORM

Account # \_\_\_\_\_

Block/Lot# \_\_\_\_\_ / \_\_\_\_\_

Name stated on the account: \_\_\_\_\_

I, \_\_\_\_\_, would like a release of funds from my account.  
(Print name)

Contact purposes and forward of funds to:

Account Holder's Name: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Holder's Contact Phone #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Account Holder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head's  
Signature

\_\_\_\_\_  
Date

\*Hand Deliver this signed request form  
to the Land Use counter

OR

Mail to: Matt Zahorsky  
Township of Wall  
2700 Allaire Road  
Wall, NJ 07719