

**RONALD A. VOIGT
REGISTER OF DEEDS**

121 W. Main St, Port Washington, WI 53074
Phone: 262-284-8260 Fax: 262-284-8268
rvoigt@co.ozaukee.wi.us

**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 Ozaukee County Register of Deeds. A
minimum \$100 check to establish the account is required. Escrow account balance
statements will be sent upon request. 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
_____.

Ronald A. Voigt, Register of Deeds _____ Date _____

COST FOR COPIES

Recorded Documents - \$2.00 1st Page
\$1.00 Each additional page

Certification - \$1.00

Section Maps - \$1.00 each