## Rehab Escrow LLC

(Construction Escrow for Equable Investment Corporation) (303) 518-8824 (phone), (303) 893-5533 (fax)

draw@equable.com

## **Repair Funds Request Form**

This form along with receipts to be faxed, (303)893-5533, or emailed to draw@equable.com and the inspector will be scheduled for an inspection at the soonest available time.

Date:	Property Address:	
Lock Box code or i	method for inspector's acces	ss:
<b>Borrower's Name:</b>	I	Borrower's e-mail:
	I	Borrower's Phone:
A LIEN RELEASE IS	REQUIRED FROM ALL CONTRACT LA	BOR THAT IS SUBJECT TO REIMBURSEMENT
	Completed Repairs: at corresponds with scope of	Must attach Invoices and receipts work
1		\$
2		\$
3		\$
4		\$
5		S
	Total Amount Requested	<b>\$</b>
Borrower's Signat	ure:	
Reimbursement M		
☐ Check (3-5 days	Direct Deposit (2-3	Days) □Wire (1-2 Days)
Banking Informati	ion:	
Banks Address:	unt	
Name on the Accor	unt:	
Acct. Holders Full	Address:	
(City, State	e, Zip)	
Account #:		
Routing #:		

## **EQUABLE INVESTMENT CORPORATION**

14750 Pecos St. Westminster, CO. 80023 303-518-8824 (o), 303-893-5533 (f)

## **Contractor Lien Waiver**

County	State	
Customer Name	Customer Address	
Customer City/State/Zip	Customer Phone Number	
Job Location	Date	
Contractor:	<del></del>	
Contractor Address:	<del></del>	
Description of work completed to date:		
Payments received to date: \$		
Payment received on this date: \$	eceiving the final payment referenced above)	
payments are in compliance with the writte	es receipt of all payments stated above. These en contract between the parties above. The ements for all work done to this date has been	
a mechanics or material man lien against the	relinquishes any and all rights available to place he subject property for the above described rmed to date has been paid for in full and in	
	customer for any liability from non-payment of date. The undersigned contractor has read this ement.	
Contractor	Date	

Master Contractor Lien Waiver Page 1 of 1