



**TOWN OF NEW PALTZ  
PLANNING BOARD**

**ESCROW RELEASE FORM**

**PB22-206**

**Date Received: 06/07/22**

**Fee Paid: \$600.00**

**Escrow Initial Deposit: \$2,000**

**Replenishment: \$1,000**

**Balance Due Applicant: \$370**

**Consultant Sign-off: (See Attached)**

**Planning Board Sign-off:** *[Signature]* *Building Inspector*

**Bookkeeping Sign-off:** *[Signature]*

**Town Board Sign-off:** \_\_\_\_\_

-----Office use only – do not write above this line-----

**Name of Project: 44 Rocky Hill Road**

**Applicant: Dr. Jeffrey Arliss**

**Applicant's Address: 44 Rocky Hill Road, New Paltz, NY 12561**

**Applicant's Telephone Number: 917-613-7645**

**E-Mail: jarliss1@yahoo.com**

**Check to be payable to: Jeffrey Arliss, MD**

**Signature of Applicant (or authorized agent)**

*[Signature]*

**Date** 5/9/23

*This form is used for bookkeeping purposes only.  
It is not part of the public record of the Planning Board Application file.*