



# APPLICATION FOR TRUST ACCOUNT

I the undersigned, as holder of a City of Knoxville Trust Account, designate the following person(s) to make transactions against this account on my behalf. I further agree that in the event the following person(s) are no longer authorized to draw from this account on my behalf, that I will notify the City Plans Review & Permitting office of such **in writing**.

Business Name : \_\_\_\_\_

Business Owner(s) : \_\_\_\_\_

Business Address : \_\_\_\_\_

\_\_\_\_\_

Signature of Account Holder : \_\_\_\_\_

Business Phone No. : \_\_\_\_\_ Business Fax No. : \_\_\_\_\_

**AUTHORIZED PERSON**  
**(Type or Print Name)**

**AUTHORIZED PERSON**  
**(Signature)**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Witness my hand and seal in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
City & State Day Month Year

**OFFICE USE**

Initial Deposit : \$ \_\_\_\_\_

Cash \_\_\_\_\_ or Check \_\_\_\_\_ (Check One)

Check Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Entered \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

*September 2002*