



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-3000 ~ Fax: (702) 221-0630

Trust Account Request

Website: <http://www.clarkcountynv.gov/building>

Email: BDFPfinance@clarkcountynv.gov

Submittal Date: _____

Trust Account #: _____
(if applicable)

Check Type: New Update Close

Low Limit Threshold: \$ _____

TRUST ACCOUNT INFORMATION

Company/Trust Name: _____

Dept/Branch: _____

Mailing Address: _____

City, State, Country, Zip Code: _____

Company Phone Number: _____ Company Fax Number: _____

Company Email Address: _____

TRUST ACCOUNT MANAGER INFORMATION

Account Manager Name: _____

Account Manager Phone #: _____ Ext: _____ Fax #: _____

Account Manager Email Address: _____

AUTHORIZED TRUST ACCOUNT USER INFORMATION

(Individuals authorized to sign Building application forms, drop-off or pick-up plans, access account information and/or direct funds)

Check Type: Add Inactivate

Print Last Name, First Name *(include email addresses for those individuals who need to receive a monthly trust activity report)*

1. _____ 2. _____

Email address: _____ Email address: _____

3. _____ 4. _____

Email address: _____ Email address: _____

5. _____ 6. _____

Email address: _____ Email address: _____

Customer note: A trust account will only be created if there are funds to be deposited, resulting from a company check, cash, money-order, or trust account transfer. For new accounts, please mail or hand-carry this form to the address listed above with a check for trust deposit. Checks must be drawn on a US bank in US funds and made payable to CC Building & Fire Prevention. If you wish to update the trust account information, you may email or fax this form to the email address or fax number listed above.

**** This form must be signed by the Account Manager referenced above. ****

Account Manager Name and Title

Account Manager Signature

Administrative Personnel Use Only

Trust Account #: _____ Date Processed: _____ Processed By: _____