



**State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Real Estate Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920**

REAL ESTATE ESCROW DEPOSIT TRANSMITTAL FORM

The broker must transmit this **original signed** form with payment to:

**Office of the General Treasurer
50 Service Avenue, 2nd
Warwick, Rhode Island 02886**

NOTE: Only a copy of this form must be sent to the Department of Business Regulation at the above address.

In accordance with the RI Gen. Laws §5-20.5-26, the enclosed check, in the amount of \$ _____ is being transferred to the RI General Treasurer, to be held in trust until the parties of the transaction can resolve the dispute regarding the deposit for real estate, which is the subject of the Purchase and Sales Agreement dated _____. The disputed deposit must be transferred within 180 days by the listing agency from (Original Date of Deposit) _____

Date Transferred: _____ Principal Broker's Signature: _____

Property Address		Description of Property (Plat No. & Lot No.)		
Seller Information				
Seller's Full Name		Telephone Number		
Seller Address		City	State	Zip Code
Seller's Real Estate Agency				
Business Name		Federal Tax ID Number		
Business Street Address		City	State	Zip Code
Name of Seller's Agent		Agent Real Estate License No.		
Name of Principal Broker of Agency		Principal Broker Real Estate License No.		
Buyer Information				
Buyer's Full Name		Telephone Number		
Buyer's Address		City	State	Zip Code
Buyer's Real Estate Agency				
Business Name		Federal Tax ID Number		
Business Street Address		City	State	Zip Code
Name of Buyer's Agent		Agent Real Estate License No.		
Name of Principal Broker of Agency		Principal Broker Real Estate License No.		