



**State of Rhode Island and Providence Plantations  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920  
Division of Commercial Licensing  
Real Estate**

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[www.dbr.ri.gov](http://www.dbr.ri.gov)

**Real Estate Escrow Deposit Transmittal Form**

- The broker or salesperson must transmit a **signed original of this form with payment** to the Office of the General Treasurer, 50 Service Ave. 2<sup>nd</sup> Floor, Warwick, RI 02886. Include Licensee's address and telephone number.
- **Only a copy** of this form must be sent to the Department of Business Regulation, at the above address.

In accordance with Rhode Island General Law §5-20-5-26, the enclosed check, in the amount of \$\_\_\_\_\_ is being transferred to the Rhode Island General Treasurer, to be held in trust until the parties to the transaction can resolve the dispute regarding the deposit for real estate, which is the subject of a Purchase and Sales Agreement dated\_\_\_\_\_  
The deposit was held 180 days by the listing agency:\_\_\_\_\_

Date of Original Deposit

Parties have not agreed to extend the Agreement pursuant to which the deposit is being held.

Property Address: \_\_\_\_\_

Description of Property (Plat No. & Lot No.): \_\_\_\_\_

Name & Address of Seller: \_\_\_\_\_  
\_\_\_\_\_ Telephone No. \_\_\_\_\_

Name & Address of Listing Real Estate Agency: \_\_\_\_\_  
\_\_\_\_\_

Name of Seller's Agent(s): \_\_\_\_\_ Real Estate License No. \_\_\_\_\_

Name of Principal Broker of Agency: \_\_\_\_\_

Errors & Omissions Insurance (E&O) Carrier: \_\_\_\_\_

E & O Policy Number and Effective Date: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Name & Address of Buyer: \_\_\_\_\_

Buyer's Telephone Number: \_\_\_\_\_

Name & Address of Buyer's Agent, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Buyer's Real Estate License Number: \_\_\_\_\_

Name & Address of Cooperating Agency, if applicable: \_\_\_\_\_  
\_\_\_\_\_

Name of Cooperating Agent: \_\_\_\_\_ Real Estate License No. \_\_\_\_\_

Errors & Omissions Insurance (E&O) Carrier: \_\_\_\_\_

E & O Policy Number and Effective Date: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Date: \_\_\_\_\_ Principal Broker's License No. \_\_\_\_\_

Principal Broker's Signature: \_\_\_\_\_