

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT  
CREDIT CARD AUTHORIZATION FACSIMILE SHEET



**Septic & Onsite Wastewater Systems  
Program**

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From:

Date:

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Number of Pages (Including Cover):

PLEASE TYPE OR PRINT LEGIBLY.

**NAME AS IT APPEARS ON CARD:**

**CONTACT PHONE #:**

**CONTACT EMAIL:**

**CREDIT CARD NUMBER\*:**

**CARD EXPIRATION DATE:**

**3-DIGIT SECURITY CODE\* (CVVS | CVC2 | CID -- See reverse side of credit card):**

**BILLING ADDRESS\*:**

**STATE:**

**ZIP CODE\*:**

**AUTHORIZED SIGNATURE:**

**DATE:**

*I authorize Clackamas County to charge the credit card indicated above for the permits I am applying for. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on my request. I understand that Clackamas County's vendor charges a service fee for the use of a credit/debit card and authorize the additional charge to my account.*

**ADDRESS OF WORK PERMITTED:**

**STATE:**

**ZIP CODE:**

**AFTER REMOVING SECURE DATA\*, THIS DOCUMENT WILL BE STORED FOR 60-DAYS AFTER PROCESSING CARD.**

**Address:**

CLACKAMAS COUNTY SEPTIC & ONSITE WASTEWATER SYSTEMS PROGRAM

150 Beaver Creek Road

Oregon City, OR 97045

Telephone Number: 503-742-4740

**Hours:**

Regular Business Hours:

Monday thru Friday

8:00 a.m. - 3:00 p.m.

**Beginning January 1, 2016, credit/debit card transactions are subject to vendor service fee of approximately 2.5%.**