CLACKAMAS COUNTY TRANSPORTATION & DEVELOPMENT – PERMIT APPLICATION CREDIT CARD AUTHORIZATION SHEET

AUTHORIZED SIGNATURE:	DATE:
STATE: ZIP CODE*:	
BILLING ADDRESS*:	
3-DIGIT SECURITY CODE* (CVVS CVC2 CID See reve	erse side of credit card):
CARD EXPIRATION DATE:	
CREDIT CARD NUMBER*:	
CONTACT EMAIL:	
CONTACT PHONE #:	
NAME AS IT APPEARS ON CARD:	
PLEASE TYPE OR PRINT LEGIBLY.	
Fax: 503.742.4741	Number of Pages (including Cover).
Phone: 503.742.4240	Number of Pages (Including Cover):
bldservice@clackamas.us	Fax:
https://www.clackamas.us/building	
Building Codes Division Electrical, Mechanical & Plumbing permits	Phone:
	Date:
CLACKAMAS	110111.
	From:

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*, DOCUMENT WILL BE STORED FOR 60-DAYS AFTER PROCESSING CARD.