DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT CREDIT CARD AUTHORIZATION SHEET

		File #:
A		From:
CLACKAMAS		Date:
Planning & Zoning		Phone:
Land Use Applications Phone: 503.742.4500)	Fax:
Fax: 503.742.4550 Email: zoninginfo@cla		Number of Pages (Including Cover):
PLEASE TYPE OR PRINT LEGIE	BLY.	Fee amount \$
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*:		
CITY:	STATE:	ZIP CODE*:
AUTHORIZED SIGNATURE	:	DATE:
I am an authorized user of as the transaction correspond	f this credit card and that I will not onds to the terms indicated on my	icated above for the permits I am applying for. I certify that dispute the payment with my credit card company, so long y request. I understand that Clackamas County's it card and authorize the additional charge to my
ADDRESS OF WORK PERM	1ITTED:	
CITY:	STATE:	ZIP CODE:

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

Address: CLACKAMAS COUNTY PLANNING & ZONING DIVISION 150 Beavercreek Road Oregon City, OR 97045

Telephone Number: 503-742-4500

Hours: Regular Business Hours: Monday thru Friday 8:00 a.m. – 3:00 p.m.