450 Civic Center Plaza
Richmond, CA 94804
510-620-6868

To: **Building Regulations**
Attn: **Permit Technician**
Fax number: **510-621-1239**

From:
Fax number:

Date**:**

Regarding: **Credit Card Payment**

Phone number or e-mail follow-up:

Comments: _____

VISA, MASTERCARD, AM EXP, DISCOVER (*Circle one*)

Credit Card #

				-					-					-					

Expiration Date

		/		

CVC CODE ___ ___ ___

Amount

$

Name on Credit Card (*Print*) _____

Mailing address for credit card:_____

_____

Authorizing Signature: _____ _____

***** ALL INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS***