

For Office Use Only – Credit Card Authorization

PAYMENT AMOUNT: _____

Card Holder: _____

Card #: _____

Expiry Date: _____ CSV # (3 digit # on back of credit card) _____

Signature: _____

Please note that permits will not be processed until payment is received.

The application can be dropped off at our office, emailed to safetycodes@parklandcounty.com, mailed/couriered or via faxed to 780-968-3225.