

To ensure timely processing please complete all fields on this form. Please complete the box at the bottom of this form.

# CEDAR HILL

Form may be faxed 972-291-7250 or emailed to [citypermits@cedarhilltx.com](mailto:citypermits@cedarhilltx.com) for payment processing.

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

*This is written authorization to the City of Cedar Hill to process payment for the fee/s stated on this form.*

	<u>Permit address where work will be done:</u>		Payment is for: <input type="checkbox"/> Registration <input type="checkbox"/> Permit <input type="checkbox"/> Other
<b>PLEASE CHECK ONE</b>	AMERICAN EXPRESS	MASTER CARD	VISA

(Fee Schedule see [www.cedarhilltx.com](http://www.cedarhilltx.com) Permit Fees)  
 Please add all fees together that apply to this transaction you are authorizing the City of Cedar Hill to charge against the stated card below.

SINGLE PAYMENT OF: \$ \_\_\_\_\_

NAME or BUSINESS on CREDIT/DEBIT CARD \_\_\_\_\_

Security Code

# \_\_\_\_\_

CREDIT/DEBIT CARD NUMBER

EXPIRATION DATE

BILLING ADDRESS

CITY

STATE

ZIP

AUTHORIZATION SIGNATURE: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number of person completing form: \_\_\_\_\_

Email address of person completing form: \_\_\_\_\_