

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 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.

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

Single trade permit=\$50.00 Registration=\$75.00 (GC=\$100.00) Health Permits(see application)
 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 is not needed

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: _____