



LIVINGSTON COUNTY DEPARTMENT OF PUBLIC HEALTH

2300 East Grand River Avenue, Suite 102 Howell, Michigan 48843-7578

www.lchd.org

ADMINISTRATION

517-546-9850

Fax: 517-546-6995

PERSONAL HEALTH

517-546-9850

Fax: 517-546-6995

ENVIRONMENTAL HEALTH

517-546-9858

Fax: 517-546-9853

CREDIT CARD AUTHORIZATION

If you desire the convenience of charging payments with your MASTERCARD or VISA, simply fill out all the information below. Upon approval, we will then process your MASTERCARD or VISA credit card for amount(s) due and your total charges will appear on your card's monthly statement. You must fill out one of these authorization forms *each time* you wish to charge for services at the Livingston County Department of Public Health - Environmental Health Division, and return it by mail or by fax. PLEASE PRINT CLEARLY (except for your signature).

Name on MASTERCARD or VISA (exactly as printed) _____

Billing address of credit card holder (Street, Apt#) _____

City, State, Zip _____

MASTERCARD or VISA Number & V-Code # _____ V-Code _____

(V-Code is the last three digits on reverse side of card)

Expiration Date _____ MASTERCARD VISA

Signature _____

Today's Date _____

Daytime Telephone Number _____

Daytime Pager/Cell Number _____

Fax Number _____

I authorize Livingston County Department of Public Health to process charge(s) on my MASTERCARD/VISA listed above as specified below:

Payment In The Amount Of _____

Address Of Project _____

Township _____

Permit Holder's Name _____

Fee Type: Permit Application Re-inspection Fee (Permit # _____) Other Fee

(Please explain other fee:) _____

INCOMPLETE CREDIT CARD INFORMATION: If any necessary information is missing (or if the transaction is invalid for any reason), a representative of the Livingston County Department of Public Health will contact the sender as soon as possible. If the sender cannot be contacted, nothing will be processed until the required information can be gathered.