



City of Palm Springs MISCELLANEOUS CHARGE SLIP

Date: _____

Received from: _____

Payment for	Permit Number	Permit Type	Permit Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The sum of: _____ dollars. (\$ _____)
IN WORDS IN NUMBERS

Payment Method: Credit: Check:

CREDIT CARD CHARGE AUTHORIZATION

Cardholder's Name: _____
Cardholder's Address: _____
Cardholder's City _____ State: _____ Zip _____
Daytime Phone: _____
E-mail: _____



Credit Card Number: _____ Exp: _____

Authorized Signature: _____

City of Palm Springs Account Number: _____

Received By: _____

Title: _____

Department: _____