



450 Civic Center Plaza  
Richmond, CA 94804  
510-620-6706  
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To: **Planning Division**  
Attn: **Planning**  
Fax number: **510-620-6858**

From:  
Fax number:

Date: Project No. PLN \_\_\_\_\_

Regarding: **Credit Card Payment**

Phone number and e-mail follow-

Comments: \_\_\_\_\_

**VISA, MASTERCARD, AM EXP, DISCOVER (Circle one)**

**Credit Card #**

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**Expiration Date**

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**CVC CODE** \_\_\_\_\_

**Amount**

\$
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**Name on Credit Card (Print)** \_\_\_\_\_

**Mailing address for credit card:** \_\_\_\_\_

\_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_

**\*\* ALL INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS**