

KALAMAZOO COUNTY ENVIRONMENTAL HEALTH BUREAU
3299 GULL ROAD, P.O. BOX 42 NAZARETH, MI 49074-0042
PH: 269-373-5337 FAX: 269-373-5333
Website: www.kalcounty.com/eh

MasterCard, Visa, or Discover Card Payment Request

To pay for Kalamazoo County Environmental Health Services by fax or mail using a credit card, **fully complete** and **SIGN** this form and send it with the application.

Service Requested _____

Address of Property _____

Service Requested by _____

Cardholder's daytime phone number _____

Name of Credit Card Holder as it appears on the credit card:

First

Middle

Last

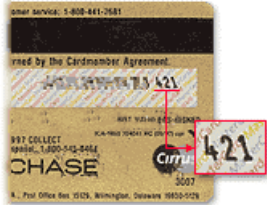
Billing Address:

Street Address

City & State

Zip Code

Credit Card Number:



V-Code: _____

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): ____/____ MC ____ Visa ____ Discover ____

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://kalcounty.com/eh/forminfo.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

The area below is for office use only. _____

____ Phone ____ Fax ____ Mail EH Staff Initials _____ Date _____
Authorization # _____ Dollar Amount \$ _____



The Health & Community Services programs are open to all without regard to race, color, national origin, sex or disability.