

MasterCard, Visa, or Discover Card Payment Request

For secure payment, submit this form to Kalamazoo County Environmental Health Wpk/by FAX or MAIL only. Please **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

Costs for services (Environmental Health Wpk/Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://www.kalcounty.com/eh/licenses.htm>. Costs for services can also be obtained by contacting Environmental Health Wpk/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 Wpk/Fax number and Address: (269) 373-5333
Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

This shaded area is for office use only.

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

Credit Card Number:



V-Code: _____

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

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

Health & Community Services Department
Environmental Health Unit
3299 Gull Road
Kalamazoo, MI 49048-0042



KALAMAZOO COUNTY GOVERNMENT
In the Pursuit of Extraordinary Governance...

Phone: (269) 373-5337
Fax: (269) 373-5333
Web: www.kalcounty.com/eh