



City of Milwaukie Permit Application Credit Card Authorization Facsimile Sheet

To: Permits From: _____

Company: City of Milwaukie Date: _____

Phone Number: 503-786-7613 # Of Pages Including Cover: _____

Fax: 503-786-7612 Fax Number: _____

Re: Permit Application Phone Number: _____

Card #: _____

Name as it appears on the Card: _____

Expiration Date: _____

Billing Address: _____

Zip Code: _____

**THIS DOCUMENT WILL BE DESTROYED AFTER YOUR PERMIT
IS PROCESSED.**