



**CITY OF SANIBEL
BUILDING DEPARTMENT**

COMPANY NAME: _____

CONTRACTOR'S PHONE NO: (_____) _____

CONTRACTOR'S FAX: _____

PERMIT # *OR* LICENSE _____

AMOUNT TO BE CHARGED TO CARD \$ _____

PAYMENT: *(circle one)* **VISA** **MASTER CARD**

CARD NO: _____

EXP. DATE: _____ / _____ **3 DIGIT # BACK OF CARD** _____

PRINT NAME OF CREDIT CARD HOLDER: _____

I am the card holder or an agent to the above listed credit card. I authorize the City of Sanibel to charge fees to the above listed credit card account.

CREDIT CARD SIGNATURE: _____

BILLING ADDRESS: _____

Billing zip code (need to have to process) _____

*Or mail check to: City of Sanibel
Attn: Building Department
800 Dunlop Road
Sanibel, FL 33957*

*** BUILDING DEPARTMENT FAX: 239-472-8826 ***