



Project Name: _____

Case Number: _____

**SARASOTA COUNTY
LAND DEVELOPMENT SERVICES
REVIEW FEE
PAYMENT BY CREDIT CARD**

I, _____ **HEREBY AUTHORIZE**
SARASOTA COUNTY DEVELOPMENT SERVICES TO CHARGE THE DESIGNATED
CREDIT CARD THE AMOUNT OF \$_____ FOR REVIEW FEES FOR THE
ABOVE REFERENCED CASE NUMBER. THERE IS A \$2.50 TRANSACTION FEE
THAT WILL BE ADDED TO THE FEE AMOUNT.

COMPANY NAME (Please Print or Type)

COMPANY ADDRESS (Please Print or Type)

PHONE NO.

FAX NO.

SIGNATURE

PRINTED NAME

PLEASE CHARGE APPLICABLE FEES TO :

MASTERCARD ACCT. NO. _____/_____/_____/_____ **EXP DATE** _____

VISA CARD ACCT. NO. _____/_____/_____/_____ **EXP DATE** _____

DISCOVER CARD ACCT. NO. _____/_____/_____/_____ **EXP DATE** _____