



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.**

\_\_\_\_\_  
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** \_\_\_\_\_