

Planning & Code Administration – City of Hagerstown

Payment Information

Name as it appears on Credit Card _____

Credit Card Number (16 digits) _____ - _____ - _____ - _____

Expiration Date of Credit Card (MM/YY) ____/____

Type of Credit Card: Visa Mastercard Discover

Customer Validation Number: ____ (Last 3-digit-number on back of the card)

Billing Address: _____

Name of Contact Person: _____ Telephone: _____

All information is required or payment will not be processed

A \$2.00 convenience fee will be charged on all credit cards submitted through a form.

FAX APPLICATION AND PAYMENT INFORMATION FORM TO 301-791-2650

OR EMAIL TO codecompliance@hagerstownmd.org