

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PHD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

CREDIT CARD/CHECK CARD VERIFICATION AUTHORIZATION FORM

Requesting Company: _____ Request Date: _____

Credit Card Number: _____ SEC Code: _____ Expiration Date: _____

Printed Name: _____ Phone Number: _____

Card Holder's Signature: _____ (Required)

Total Charged: _____

Permit Number(s): _____ (If known) or

Permit Address(s): _____

Service Requested (i.e.; repair permit, re-inspection fee, swimming pool permit, well permit, etc.)

Applicant(s) Name on Permit: _____

CARDHOLDER BILLING ADDRESS: _____

Comments: _____

Email: _____

The credit card will be charged upon receipt unless otherwise noted in the comments section. The Orange County Health Department hereby acknowledges that the signature above denotes authorization to charge the referenced account for payment for this (these) specific services(s). Charges to the above account will not exceed the agreed upon total. The Orange County Health Department also acknowledges that additional charges will not be made unless additional written authorization is received and specified on this or a subsequent Credit Card Verification/Authorization Form.

If you have any questions regarding these charges, please feel free to contact our office.

Revised 06/24/2022