



CITY OF OAKLAND

REVENUE MANAGEMENT BUREAU
Citywide Liens Section

150 FRANK H. OGAWA PLAZA, SUITE 5342 OAKLAND, CALIFORNIA 94612-2007
Telephone (510) 238-7474
Fax (510) 986-2728
TDD (510) 238-3254
Citywideliens@oaklandca.gov

CREDIT CARD AUTHORIZATION FORM

Date: Attn: Fax to:

Name (as it appears on card):

Cardholder's Billing Address:

Phone # ()

Credit Card Type:

VISA: Exp. Date: /

MASTERCARD: Exp. Date: /

DISCOVER: Exp. Date: /

Up Front Demand Fee: \$150.00

Amount Authorized: \$ V-Code:

Owners Name: Property Address:

Invoice Number(s): \$ \$ \$
\$ \$ \$

I authorize the City of Oakland to charge my credit card for the amount listed above.

Authorized Signature:

EMAIL OR FAX COMPLETED FORM TO: (510) 986-2728

Citywideliens@oaklandca.gov

(PLEASE ALLOW FIVE (7-8) BUSINESS DAYS TO PROCESS) Thank you!