



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: \$162.00

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!