COMPLETE FOR CREDIT CARD PAYMENT

Type of Credit Card: ☐ Visa ☐ Mastercard ☐ Discover

Credit Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiration: _____/_____/_____ (Month/Day/Year) Amount to be Charged: $ _____

Name: _____ (As it appears on the Credit Card)

Address: _____ (Credit Card Billing Address)

_____ _____ _____
City State Zip Telephone: _____

Mail payment information with application/form to:

City of Carlsbad
Planning, Engineering & Regulation Department
PO Box 1569
Carlsbad, NM 88221-1569

Or fax to: (575) 628-8379

Or call to provide your information by phone to: (575) 885-1185 (the Planning, Engineering & Regulation Department).