



CITY OF SOUTH EL MONTE

1415 N. SANTA ANITA AVENUE
SOUTH EL MONTE, CALIFORNIA 91733
(626) 579-6540 FAX (626) 579-2107



Record Number/Permit Number: _____

I, _____, acknowledge that a 3% credit card payment convenience fee will be added to all payments made by a credit card per City of South El Monte Resolution No. 23-77. This fee will be due at the time of credit card payment and is non-refundable. My signature below represents my acknowledgement for the City to process my payment using the credit card information provided below.

(Print Name)

(Signature)

(Date)

CREDIT CARD INFO:

Check one:

____ VISA

____ MASTERCARD

(Credit Card Number)

(Expiration Date)

(CVV Code - 3 digits on back)

Please submit form and application fees to Christina Navarro via email at cnavarro@soelmonte.org or George Lopez via email at glopez@soelmonte.org