

OFFICE OF  
CITY  
TREASURER



**CITY OF GRAND RAPIDS**  
PHONE: (616) 456-3020

To: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
From: \_\_\_\_\_

**GRAND RAPIDS CITY TREASURER FAX CREDIT CARD PAYMENT ADVICE**

Date: \_\_\_\_\_

Please print the information requested below. Additional charges may be due if the fax is not returned to the Treasurer's Office by the due date or if the City can not process the payment as a result of a problem with the credit card or other errors or omissions. Thank you.

Name: \_\_\_\_\_

Water/Sewer Service Bill Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account(s): \_\_\_\_\_

Address for Bill: \_\_\_\_\_  
(if applicable)

Parking Violations Amount: \$ \_\_\_\_\_  
Plate #(s): \_\_\_\_\_

City, State,  
Zip Code: \_\_\_\_\_

Ticket #(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other (Type): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

(From 8:00 a.m. - 5:00 p.m.)

Account/Advice #: \_\_\_\_\_

Method of Payment

Visa

Master Card

Discover/Novus

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

My signature below authorizes the Grand Rapids City Treasurer's Office to charge my account.

3 Digit Number on back of Card

Customer Signature \_\_\_\_\_

**Please fax this advice to (616) 456-3413 or (616) 456-4414.**

OR MAIL TO: CITY TREASURER'S OFFICE  
300 MONROE AVE NW RM 220  
GRAND RAPIDS, MI 49503-2296