



# Lakewood Police Department

## Credit Card Authorization Form

Card Type:    Visa                      MasterCard                      Discover

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

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

CVC #: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Lakewood Case Number(s): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described below, for the amount indicated below only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

<u>Description</u>	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
Police Report (Per Report)			
Background Check			
Report Certifications (Per Report)			
Traffic Camera Research and Footage (Per Case)			
Video/Audio Recording (Per Case)			
Photographs (Per Case)			
Body Worn Camera Footage (1 Hour Minimum Fee)			
Body Worn Camera Footage (Per Half Hour Fee)			
Redaction of Information (Per 15 Minutes)			
Fax Transmittal of Report (15 Page Limit & Per Report)			
Computer Search (System Analysts, Per Hour)			
Computer Search (Crime Analysts, Per Hour)			
Police Manual on CD-ROM (Each)			
Report Type:			
Total Amount Due			