



Lee County Sheriff's Office
Alarm Reduction Unit Registration Form
 14750 Six Mile Cypress Parkway
 Fort Myers, FL 33912
 FARU@sheriffleefl.org / (239) 477-1244

Staff Use Only:
 Permit # _____

CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize the Lee County Sheriff's Office to make a one-time debit to your credit card listed below.

By signing this form, you permit us to debit your account for the amount indicated on or after the stated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. Please complete the information below:

I, _____, authorize the Lee County Sheriff's Office to charge my credit card account indicated
 (Full Name)

below for \$ _____ on ___/___/___ for invoice(s) # _____. This payment is for false alarm fines.

Visa MasterCard Amex Discover

Cardholder Name _____
 Account Number _____
 Exp. Date _____ / _____
 CVV _____
 Billing Address _____
 Phone Number _____
 Email Address _____

I authorize the Lee County Sheriff's Office to charge the credit card indicated in this authorization form according to the abovementioned terms. This payment authorization is for the goods/services described above, for the amount shown above only, and is valid for one-time use only.

Furthermore, I certify that I am an authorized user of this credit card and will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____

Please send your request to the following address/email address:

Lee County Sheriff's Office Alarm Unit
 Attn: FARU
 14750Six Mile Cypress Pkwy
 Fort Myers, FL 33912
FARU@sheriffleefl.org

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