

THE CORPORATION OF THE TOWN OF



Canadian Gateway to the 1000 Islands

**CREDIT CARD PAYMENT INFORMATION**

<b>Type of Credit Card</b> (Check one only)	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> VISA
<b>Amount of Ticket Paid</b>	\$ _____
<b>Name on Card</b>	_____
<b>Credit Card Number</b>	_____
<b>Expiry Date</b>	_____
<b>Security Code</b>	_____

**Credit Card Billing Address**

<b>Billing Street Address</b>	_____
<b>Street Address</b>	_____
<b>City/Town</b>	_____
<b>Province</b>	_____
<b>Postal Code</b>	_____
<b>Email</b>	_____
<b>Telephone</b>	_____
<b>Parking Ticket Number</b>	_____
	<b>**PLEASE ENSURE THAT YOU HAVE INCLUDED YOUR PARKING TICKET NUMBER**</b>
<b>Cardholder Signature:</b>	_____

Return to:

Town of Gananoque

Email: [rrobesson@gananoquepolice.com](mailto:rrobesson@gananoquepolice.com)

Fax to: 613 382-7167