

CITY OF BONITA SPRINGS

Community Development Department
9220 Bonita Beach Road, Ste. 111
Bonita Springs, FL 34135
Phone: (239) 444-6150
email: permitting@cityofbonitaspringscd.org

IMPACT FEE CREDIT TRANSFER AUTHORIZATION
REFERENCE #: _____

Authorization is hereby granted for the issuance of:

Road Fire Park EMS Affordable Housing Bank Credit

From Credit Account Number: _____

Credit Amount \$ _____ Benefit District: _____

To Credit Account Number: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

*****SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC*****

Account Owner Signature: _____

Account Owner Name: _____

STATE OF FLORIDA

COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization ,

this (day) _____ of (month) _____ , (year) _____ ,

by (name of person making statement) _____.

Signature of Notary Public - State of Florida: _____

Name of Notary Typed, Printed, or Stamped: _____

Personally Known OR Produced Identification

Type of Identification Produced: _____