

## LAC LA BICHE COUNTY

PO Box 1679 Lac La Biche, AB TOA 2C0

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email: main.office@laclabichecounty.com

Name:		
Phone #:		
Request to pay:	:	
□ Taxes		Roll #:
☐ Utilities		Account #:
□ Account	s Receivable	Customer #:
□ Other: (F	Please indicate)	
By submitting the person named as	s the credit card holder.	g a contract between Lac La Biche County and the
Customer Nam	e/Name on Credit Card: _	
O VISA	OMASTERCARD	
Expiry Date: 3-Digit CVC: _	lling Address:	<del></del>