

Post Office Box 2069, Lake City, Florida 32056
Phone (386) 719-7588 – Fax (386) 758-1337
E-MAIL ADDRESS: civil@columbiaclerk.com

**P. Dewitt Cason
Clerk of Court –
Columbia County**

From:	Address:
Pages:	City/State:
Citation	Phone #
CASE #:	E-MAIL

Our office accepts the following:
Credit cards - Visa/MasterCard/Discover/American Express
Debit cards with Visa or MasterCard logo only

ATTENTION: Please make sure your Credit Card information is correct including the billing zip code. Incorrect information could cause a hold to be placed on your Debit Card Account.

FILL OUT COMPLETELY

Please write **LEGIBLE**

THERE IS A NON-REFUNDABLE CHARGE OF 3.5% PER TRANSACTION FOR CREDIT CARD PAYMENTS.

FINE _____ + (a 3.5% WILL BE ADDED)

CASE# -

MasterCard Visa Discover American Express (please check one)

 - - -

Credit Card Number

Expiration Date: /

3 or 4 digit Security Code

 -

Billing Zip Code

Signature of Cardholder

Daytime Phone: (____) _____

Print name as it appears on card

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