Credit Card Payment Form

To pay by credit card please complete to following:

Payment amount authorized: $_____

Please circle one of the following:
MasterCard Visa Discover

Card #: /___/

Expiration Date: ____/____ 3-digit code_____
MM/YY (on back of card)

Signature: _____Printed Cardholder Name: _____

Please remit payment to:

CITY OF COVINGTON Phone: 859-292-2180
20 WEST PIKE STREET Fax: 859-292-2131
COVINGTON, KY 41011