OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
FACILITIES DEVELOPMENT DIVISION – www.oshpd.ca.gov/fdd
400 R Street, Suite 200 ~ Sacramento, California 95811 Phone (916) 440-8300 FAX (916) 324-9188
700 N. Alameda Street, Suite 2-500 ~ Los Angeles, California 90012 Phone (213) 897-0166 FAX (213) 897-0168

Facilities Development Division Payment Form

This form is to be used to remit payment for the fee(s) listed below.

Facility Name	OSHPD Facility I.D. Number
Contact Person	Phone Number

Please check appropriate box:

☐ Annual Building Permit: Project # (if applicable) _____

☐ New Project Application Project # (if applicable) _____

Project Name: _____

☐ Further Fee: Project # _____ Invoice # _____

☐ Radiology Fee: Project # _____ Invoice # _____

☐ Inspector of Record Certification Examination/Application Fee

☐ Anchorage Pre-Appoval Program

☐ Other

Return /Fax To: ***Office of Statewide Health Planning and Development***
Division of Administration
Accounting Section
400 "R" Street, Suite 359
Sacramento, California 95811
(916) 326-3236 FAX (916) 322-2531

☐ Check or Money Order

☐ Visa ☐ Master Card ☐ Discover/Novus ☐ American Express

Account number (please print clearly)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ $ _____ Exp. Date: _____

Billing Address Phone Number

City State Zip Code

Card Holder's Name Signature