



# KEWAUNEE COUNTY

810 Lincoln St  
Kewaunee, W 54216

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## User Authorization Form

Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

I give permission for the person below to use my credit card for the purposes and dates as described:

Authorized User Name: \_\_\_\_\_

Authorized Date FROM: \_\_\_\_\_

Authorized Date TO: \_\_\_\_\_

Authorized Purpose(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_