

OFFICE & SHIPPING
2401 W. Hassell Road, Suite 1550
CORRESPONDENCE
P.O. Box 957648
Hoffman Estates, IL 60195



Phone (847) 490-1443
Fax (847) 490-1476
Toll Free 1-800-232-5523
Website www.bftechcs.com
E-mail bftech@bftechcs.com

PAYMENT RESPONSIBILITY

Project Name:
Project No.:
Location:
Review Type:
Amount:

Dear _____ :

We have received the above project for review from **City of O'Fallon**, 255 South Lincoln Avenue, O'Fallon, IL 62269, (618) 624-4500 ext. 4. Authorizing Official Jeff Stehman.

Please complete the following information for payment responsibility. Billing will be forwarded to the person/firm listed in Section 1.

You may fax this form to our office; however, we must receive the original by mail. Please keep a copy for your records. A copy will be sent to City of O'Fallon for their records. Please type or write legibly.

Any additions, alterations, or deletions to the original text of this document will not be considered valid or binding.

This form must be completed and received by our office prior to the commencement of our review(s). Payment is due in full upon receipt of our invoice and prior to commencement of any additional reviews.

SECTION 1	SEND BILLING TO:
NAME	
COMPANY	
ADDRESS	
CITY/STATE/ZIP	
PHONE	
FAX	

SECTION 2	THIS FORM COMPLETED BY:
NAME	
COMPANY	
ADDRESS	
CITY/STATE/ZIP	
PHONE	
FAX	

PLEASE SIGN HERE _____

DATE _____

cc: