



MIKE FASANO

Affidavit

TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

The undersigned hereby certifies the following fact(s) regarding vehicle/vessel described:

Make _____ Year _____ ID# _____ Title # _____

1. My name was entered in error as purchaser on the above referenced title. I have never had possession or any interest in this vehicle/vessel.
2. The name _____ was entered in error as purchaser.
This person never took possession and vehicle/vessel was sold to:
_____ for \$ _____ on (date) _____
3. My name was entered in error as lienholder on the above referenced title. I do not hold any lien against this vehicle.
4. The names _____ and _____ appearing on the attached papers identify one and the same person.
5. The above referenced vehicle has not been/will not be operated upon the public highways of Florida.
6. There is an odometer discrepancy because _____

7. The undersigned hereby certify they are "immediate family" members residing in the same household and thereby exempt from the \$225 Initial Registration Fee on the above referenced vehicle. Florida Statutes define "immediate family" to include "parents, children, spouse, or surviving spouse of the member, or any other relative by blood, marriage or adoption." **HSMV Form 82002 must accompany this affidavit when used for item 7.**
8. Other: _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Date: _____

Signature of Affiant

Signature of Affiant

Printed Name of Affiant

Printed Name of Affiant