

## Mail This Form To Your Lienholder

## LIENHOLDER REQUEST FORM

Date:	<u></u>
Lienholder Name: Account Number: Vehicle ID Number:	Year/Make:
Owner Name(s):	
Office location I want to process at (please	check one):
14236 6 <sup>th</sup> Street Dade City 4135 Land O Lakes Blvd Land O Lakes	4610 Pet Lane
therewith, the above individual wishes to ap	orida registration for vehicles titled in another state. In connection oply for Florida title and registration. We are requesting that you mail orida title. Upon receipt of the out of state title, an electronic Florida Please mail the title to our office at:
Pasco County Tax Collectors Office	For Overnight Delivery:
ATTN: MOTOR VEHICLE SERVICES PO Box 276 Dade City, FL 33526	ATTN: MOTOR VEHICLE SERVICES 14236 6 <sup>th</sup> Street Room 100 Dade City, FL 33523
	t a copy of the title along with a signed statement on your letterhead on and you are unable to release the title. The year, make, and the letter.
Leased Vehicles – please provide the follow	wing:
	ing leasee/customer as your attorney-in-fact to da title. Form 82053 may be provided. ns/BTR/82053.pdf)
<ul> <li>Your Florida Sales Tax Nu</li> </ul>	ımber and Federal Employer Identification Number:
Upon receipt of the out of state title, an election will be recorded.	ctronic Florida title will be issued in the lessor's name and the

\*PLEASE NOTE: THIS FORM MUST BE INCLUDED WHEN MAILING THE TITLE TO OUR OFFICE\*

For additional information or if you have any questions, please email us at mvs@pascotaxes.com