



MIKE FASANO

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

Mail This Form To Your Lienholder

LIENHOLDER REQUEST FORM

Date: _____

Lienholder Name: _____

Account Number: _____

Vehicle ID Number: _____ Year/Make: _____

Owner Name(s): _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Office location I want to process at (please check one):

- 14236 6th Street Dade City
- 4135 Land O Lakes Blvd Land O Lakes
- 4610 Pet Lane Lutz (Wesley Chapel)
- 4720 US Hwy 19 New Port Richey
- 8731 Citizens Dr New Port Richey
- Mail MVS Dept

Florida law prohibits the issuance of a Florida registration for vehicles titled in another state. In connection therewith, the above individual wishes to apply for Florida title and registration. We are requesting that you mail us the current title so we may apply for Florida title. Upon receipt of the out of state title, an electronic Florida title will be issued with your lien recorded. Please mail the title to our office at:

Pasco County Tax Collectors Office
Attn: DADE CITY OFFICE
PO Box 276
Dade City, FL 33526

For Overnight Delivery:
14236 6th Street Room 100
Dade City, FL 33523

If you are unable to release the title, submit a copy of the title along with a signed statement on your letterhead indicating there is still an outstanding lien and you are unable to release the title. The year, make, and identification number must be included in the letter.

Leased Vehicles – please provide the following:

- Power of Attorney appointing leasee/customer as your attorney-in-fact to process transfer to a Florida title. Form 82053 may be provided. (www.flhsmv.gov/dmv/forms/BTR/82053.pdf)
- Your Florida Sales Tax Number and Federal Employer Identification Number:

Upon receipt of the out of state title, an electronic Florida title will be issued in the lessor’s name and the lien will be recorded.

For additional information or if you have any questions, please contact our call center at 727-847-8032, 813-235-6076 or 352-521-4338.

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