



# MIKE FASANO

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

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

Dealer / Title Service Name: \_\_\_\_\_

Contact Person Name, Phone Number and Email Address:  
\_\_\_\_\_

Dealer License Number: \_\_\_\_\_ Dealer PIN Number: \_\_\_\_\_

Number of Transactions Submitted (Not to exceed 10 per check) \_\_\_\_\_

Customer Last Name	Last 5 of VIN	Fast Title? Y or N	New Plate or Transfer Plate	Replace Plate? Y or N	Extend Tag? Y or N

You may contact our Dealer Services Department by email at: [tc\\_dealerservices@pascotaxes.com](mailto:tc_dealerservices@pascotaxes.com)