

## 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:	
Priorie Number.	
Preferred Method of Contact:	Language Preference:
Office location I want to process at (please of	check one):
14236 6 <sup>th</sup> Street 4135 Land O Lakes Blvd Dade City Land O Lakes Li	1610 Pet Lane
therewith, the above individual wishes to app	orida registration for vehicles titled in another state. In connection ply for Florida title and registration. We are requesting that you mail rida 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
	a copy of the title along with a signed statement on your letterhead n and you are unable to release the title. The year, make, and e letter.
Leased Vehicles – please provide the follow	ving:
	ng leasee/customer as your attorney-in-fact to a title. Form 82053 may be provided. s/BTR/82053.pdf)
Your Florida Sales Tax Nur	mber and Federal Employer Identification Number:
Upon receipt of the out of state title, an election will be recorded.	tronic 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