

## Mail This Form To Your Lienholder

## LIENHOLDER REQUEST FORM

Data	
Date:	
Lienholder Name:	
Account Number:	V // / / -
Vehicle ID Number:	Year/Make:
Owner Name(s):	
City/State/Zip:	
Phone Number:	
Office location I want to process at (p	please check one):
14236 6 <sup>th</sup> Street	lvd
therewith, the above individual wishe us the current title so we may apply	of a Florida registration for vehicles titled in another state. In connection as to apply for Florida title and registration. We are requesting that you mail for Florida title. Upon receipt of the out of state title, an electronic Florida rded. Please mail the title to our office at:
Pasco County Tax Collectors Office	For Overnight Delivery:
ATTN: MOTOR VEHICLE SERVICE PO Box 276 Dade City, FL 33526	ATTN: MOTOR VEHICLE SERVICES 14236 6 <sup>th</sup> Street Room 100 Dade City, FL 33523
	submit a copy of the title along with a signed statement on your letterhead ling lien and you are unable to release the title. The year, make, and ed in the letter.
Leased Vehicles – please provide the	e following:
process transfer to a	ppointing leasee/customer as your attorney-in-fact to a Florida title. Form 82053 may be provided. nv/forms/BTR/82053.pdf)
<ul> <li>Your Florida Sales 1</li> </ul>	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

\*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

lien will be recorded.