

CONTROL SHEET

DEALER/COMPANY _____ DROP OFF DATE _____

COURIER NAME _____ COMPLETED DATE _____

COURIER DL _____ CLERK _____ BATCH # _____

PIN _____

<u>APPLICANT'S NAME</u> or <u>VEHICLE DESCRIPTION</u>	TITLE		PLATE	PLATE NUMBER	0-3 MONTHS	4-15 MONTHS	16-27 MONTHS	WRECKER OPERATOR	REJECTED
	ONLY	FAST	N=NEW T=TRANSFER R=REPLACE						
1)									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									

CHARLOTTE COUNTY TAX COLLECTOR
 taxcollector.charlottecountyfl.gov
 941-743-1350

TOTAL \$ _____

CREDIT/DEBIT FEE \$ _____

CHECK CK# _____

CASH PROFIT STAR

ADV DEPOSIT/REFUND _____