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