

CONTROL SHEET

DEALER NAME _____ PIN _____ DROP OFF DATE _____

BATCH # _____ CLERK _____ COMPLETED DATE _____

APPLICANT'S NAME	TITLE		PLATE	COMPLETED DATE				REJECTED
	ONLY	FAST	N = NEW T = TRANSFER R = REPLACE	PLATE NUMBER	0-3 MONTHS	4-15 MONTHS	16-27 MONTHS	
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								

TOTAL \$ _____

VICKIE L. POTTS
CHARLOTTE COUNTY TAX COLLECTOR
 taxcollector.charlottecountyfl.gov
 (941) 833-5472

___ CREDIT/DEBIT FEE \$ _____

___ CHECK CK # _____

ONE CHECK REQUIRED PER CONTROL SHEET

___ CASH ___ PROFIT STAR