

MEMO

TO: Karen Burt, Public Works, Road Ops.
FROM: Teresa Harrison, Fleet Maintenance
RE: Tag & Registration fees
DATE: 7-14-2014

Attached please find your copy of the following vehicle registration information:

Vehicle #	Id. #	\$ Amt.
28235	1N6AD0CW6EN753029	\$130.10
28237	1FT7W2A61FEA59078	\$130.10
	total	\$260.20

Please enter the account number you want this fee charged to and sign off.
Send this package back to me. Thank you.

Account # 1120.5053200.830490

Approval Signature T. Harrison 7/16/14

If you have any questions about these charges, please call Teresa at 742-3981 between 7:00 a.m. and 3:30 p.m. Thank you.

PUD / RUC000 7/14/14

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

28237

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
315 WEST MAIN STREET
TAVARES, FL 32778**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 12 / 2 T# 810925001
B# 704896

FLORIDA VEHICLE REGISTRATION

PLATE	TD5570	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	TK	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1FT7W2A61FEA59078	TITLE		TITLE	115612210	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	6227	GVW	10000	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/11/2014	Plate Issued	7/11/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

**LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
315 WEST MAIN STREET
TAVARES, FL 32778**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

CNTY# AGY# SUB# RPT#

12	2	JMG	3933
AUDIT #			



L# 1487488
 T# 810924900
 B# 704896
 S# 27222310

STATE OF FLORIDA
 APPLICATION FOR VEHICLE/VESSEL
 CERTIFICATE OF TITLE **28237**

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GWW/LOC		
115612210	1FT7W2A61FEA59078	2015	FORD	TK	WHI	6227			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
07 11 14	ORT	PRIVATE							

Applicant/Owner's Name & Address
 LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
 315 WEST MAIN STREET
 TAVARES, FL 32778

BIRTHDATE	RESIDENT	CNTY
SEX MO. DAY YEAR	Y N ALIEN	RES.#
	X	12

1st OWNER FL/DL# OR F.E.I.D.#
 2nd OWNER FL/DL# OR UNIT#

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	73.50	0.00	78.25

Action Requested: ORIG NEW TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
	06/25/2014	XX		3 MILES 06/25/2014 ACTUAL	<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
NAME OF FIRST LIENHOLDER:				
ADDRESS	SALVAGE TYPE			

SELLER INFORMATION	CONSUMER OR SALES TAX EXEMPTION #
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER	
ADDRESS	
DEALER LICENSE NO.	

SALES TAX AND USE REPORT	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID		
IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED <input checked="" type="checkbox"/> OTHER EXEMPT	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	\$ 0.00
		<input type="checkbox"/> SELLING PRICE VERIFIED

APPLICANT CERTIFICATION
 I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.
 I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
 I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
 I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.
 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner _____ Signature of Applicant/Co-Owner _____
 HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.