STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

REPOSSESSION NOTICE TO SUBSEQUENT LIENHOLDER

(See Instructions Below)

(Date)

TO:				
	Name of subsequent lie	enholder(s)		
	Current address of subsequ	ent lienholder(s)	
Identification Number	Year	Make	Title Number	
Name of registered owner on the most current Florida Title			Title Issue Date	
no lien. If you or the former owner send a v days from the date on which this notice was 10 days thereafter. If within the 10 days no	tificate of Repossession to the vritten protest or objection, ur s mailed, the Division will not b injunction or court order of of tificate of Repossession not	e above descrinder oath, to the issue the cert competent juris be issued, the	The description of the second	

Repossessor	Signature			
Street Address	City	State	Zip	

INSTRUCTIONS:

Original: Submit to subsequent lienholder, certified mail, return receipt requested.

Copy: Submit to Tax Collector's office along with application for Certificate of Title or Certificate of Repossession.

Check your local phone book government pages or visit the following website for current mailing addresses: <u>http://www.flhsmv.gov/offices/</u>

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