

FAST TITLE

AUTHORIZATION/RELEASE AFFIDAVIT

Owner Information:

Vehicle Description

Name of Registered Owner(s)

Title Number

Address

Year

Make

City State Zip

Vehicle Identification Number

Phone Number-Including area code

I _____ authorize _____
(Owner's Name) (Person/Dealership Appointed)

to receive my title certificate or registration for the above described vehicle.

Under Penalties of perjury I declare that I have read the foregoing document and certify that the statement is true. I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Fla. Statutes 775.082, 775.083 and 775.084.

* _____
Signature of Owner

(Date)

Signature of Co-Owner

THIS SECTION FOR TAX COLLECTOR USE ONLY

Date Processed	Control #	Initials
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