

## STAN COLIE NICHOLS

## SANTA ROSA COUNTY TAX COLLECTOR



 $W\ W\ W\ .\ S\ R\ C\ T\ C\ .\ C\ O\ M$ 

PHONE: 850.983.1800 FAX: 850.623.8655

## **Miscellaneous Affidavits Form**

Vehicle D	escription:			
Year:	Make:	Type:	VIN:	
IDI	ENTITY AFFIDAVIT: (For use who	en signatures do not match names	as shown on proof of ownership)	
		entity. If difference is due to a naccree, court order or letters of inco	ame change, proper documentation mu	ist be attached
RE	SIDENCY AFFIDAVIT:			
		orida resident serving with the mil nt Florida street address. For proo	itary, stationed in the state of f of my residency, I have attached the	following:
	Copy of current voter	registration card		
	Copy of Declaration of Domicile.			
	(Owner/Applicant Signature)		(Hand Printed Name)	
		NOTARIZATION		
Sworn to a	and subscribed before me this	_ day of	, 20 by	
		(name of person	naking statement)	
Signature	of Notary:		NOTARY STAMP/SEAL	
Printed Na	ame of Notary:			
Personally	known ( ) or Produced Identification	n ( )		
Type of Id	lentification Produced:			