

CONTROL SHEET

DATE:	COMPLETED BY DEALER				COMPLETED BY TAG OFFICE			
DEALER NAME: _____	TAG INFORMATION					DATE	P R O C E S S E D	R E J E C T E D
	TRANSFER		NEW TAG		SPECIALITY TAGS OR OTHER	TIME		
	R E N E W	O N L Y	1-12 MOS	13-15 MOS		CLERK		
APPLICANT'S FULL NAME								
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
*WHEN APPLICABLE, A REFUND CHECK WILL BE SENT UNDER SEPARATE COVER BY MAIL MICHAEL CORRIGAN DUVAL COUNTY TAX COLLECTOR DEALER OFFICE					BATCH TOTAL			
					CASHIER			
					CK #			
					CK AMT.			
					REFUND AMT.			
Received/Verified By Authorized Dealer Personnel					RPT #		AGY #	
Received/Verified By Tax Collector Personnel					DATE			