

CERTIFICATE OF TITLE - DOCUMENTARY STAMP TAX REMITTANCE FORM

To:

BROWARD RECORDING AGENT CODE (IF ASSIGNED) _____

CERTIFICATE OF TITLE DESK

Records, Taxes & Treasury Division
115 South Andrews Avenue
Room 114
Fort Lauderdale, FL 33301

P.O. Box 14668
Fort Lauderdale, FL 33302

Phone: (954) 357-7289 or (954) 357-7252

E-mail: spatten@broward.org
nwilliams@broward.org

Date: _____

From: _____

Address: _____

Contact: _____

Phone: _____

Extension: _____

E-Mail: _____

Our check # _____ for \$ _____ is enclosed in payment of Documentary Stamp Tax on the following-described Certificate of Title. ***amounts over \$49.99 require certified funds***

☐ If not provided below, a print-out from the foreclosure website is attached with the following information:

Case #

_____ **EXACTLY** as shown on the foreclosure sales website, such as: CACE-09-045678

Property ID#

_____ **EXACTLY** as shown on the foreclosure sales website

Sale Date

Sale Price

This payment is predicated upon title being issued to:

Grantee Name

Grantee Address
