Specialty License Plate Voucher Request

Purchaser’s Name (Complete name as it appears on the motor vehicle registration):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchaser’s Florida Driver License number **OR** Date of Birth **OR** License Plate Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Customer’s Name (Complete name as it appears on the motor vehicle registration):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Customer’s Florida Driver License number **OR** Date of Birth **OR** License Plate Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-sale Voucher for The Pap Corps Champions for Cancer Research

Total Cost Per Voucher: $33

Make check payable to: Escambia County Tax Collector

Mail to: Escambia County Tax Collector

**ATTN: VOUCHERS**

PO Box 1312

Pensacola, FL  32591-1312

Text

Description automatically generated with low confidence