

CERTIFICATE OF TITLE -DOCUMENTARY STAMP TAX ·REMITTANCE FORM



To: CERTIFICATE OF TITLE DESK
Records, Taxes & Treasury Division
115 South Andrews Avenue
Room 114
Fort Lauderdale, FL 33301

BROWARD RECORDING AGENT CODE (IF ASSIGNED) _____

P.O. Box 14668
Fort Lauderdale, FL 33302

Name:

Address:

Phone (954) 357-5436

Phone:

Email rttcet@broward.org

E-Mail:

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

If checked, this payment also includes certified copy fee

If checked, this payment also includes certified copy fee and recording fee for re-recording the CET, which was previously recorded without tax, due to tax not being timely received.

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

Sale Date: _____

Sale Price: _\$_____

Payment Date: _____

Payment form received by: _____