

**ONLY USE THIS FORM TO REPLACE YOUR
CURRENT LICENSE PLATE**

Dear Tax Collector:

I would like to replace my current license plate,
_____, with the **Florida Animal Friend
Spay/Neuter** license plate.

I understand that there is a replacement fee of
\$ _____ in addition to the state fee of
\$ _____. Enclosed a check in the amount of
\$ _____ to cover the cost.

Once I receive the **Florida Animal Friend
Spay/Neuter** License Plate, I will discard my current
license plate.



Name _____
Address _____

City _____ Zip _____
Telephone Number _____

NOTE TO FLORIDA ANIMAL FRIEND: Please
contact your local Tax Collector's Office to
determine the exact fees that apply for the cost of
replacing your current plate.

To get a listing of local Tax Collector Offices, please
go to: www.hsmv.state.fl.us/offices/

All proceeds go to Florida Animal Friend, Inc. to
reduce pet overpopulation by funding spay/neuter
programs across the State of Florida. For additional
information, www.floridaanimalfriend.com

Information regarding State of Florida vehicle
registration policies can be obtained at
www.hsmv.state.fl.us