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

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 \_\_\_\_\_

**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/](http://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](http://www.floridaanimalfriend.com)

Information regarding State of Florida vehicle registration policies can be obtained at [www.hsmv.state.fl.us](http://www.hsmv.state.fl.us)

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