

Request for Proof of Vehicles Owned


Date

Mail To: Division of Motorist Services
2900 Apalachee Parkway
Room B231, Mail Stop 91
Neil Kirkman Building
Tallahassee, Florida 32399

Re: Request for Proof of Vehicles Owned

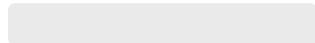
To Whom It May Concern:

I am requesting a letter of verification from the Division of Motorist Services to serve as proof that I do not own vehicles in the State of Florida. My personal information and mailing address is as follows:


Requestor's Full Legal Name


Requestor's Mailing Street Address


Requestor's Florida Driver License Number


Mailing City


State

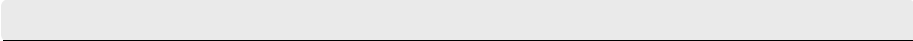

Zip Code

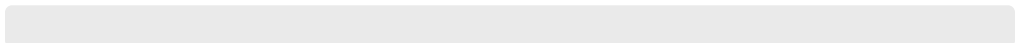
I am requesting this information due to the following (**check one**):

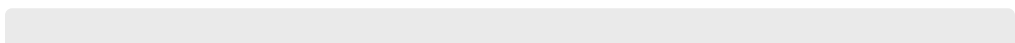
CHECK ONE

☐ Probation

☐ Financial Assistance


☐ Other: 





Thank you for your assistance with this matter.

Sincerely,


Requestor's Signature



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