



ORDER FOR DOCUMENTARY STAMPS

DR-204  
R. 01/93

TO: Department of Revenue  
5050 W. Tennessee Street, Bldg. K  
Tallahassee, Florida 32399-0100

\_\_\_\_\_, 19\_\_\_\_

From: Name \_\_\_\_\_

P. O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

Please send me the following Documentary Stamps:

Quantity	Denomination	Value
	.02	
	.05	
	.15	
	.30	
	.75	
	\$ 1.00	
	\$ 3.00	
	\$ 5.00	
	\$ 10.00	
	\$ 25.00	
	\$100.00	
	TOTAL	\$

Enclosed is check No. \_\_\_\_\_ dated \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)