

Order for Documentary Stamps

**To: DEPARTMENT OF REVENUE
 BUREAU OF DOCUMENTARY STAMP TAX
 TALLAHASSEE, FLORIDA 32304**

_____, 19____

From: Name _____

P. O. Box Number _____

_____ City _____ State _____ Zip Code _____

Please send me the following Documentary Stamps:

Quantity	Denomination	Value
	.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)