

ORDER FOR DOCUMENTARY STAMPS

TO: DEPARTMENT OF REVENUE
TAXPAYER ASSISTANCE
ROOM 135, CARLTON BUILDING
TALLAHASSEE, FLORIDA 32301 _____, 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)