Revised Procedure for Transaction Drop-off and Processing

Dear Valued Customers:

As our valued customer we would like to inform you about an upcoming change in our procedures regarding the processing of transactions at the public service office aimed at streamlining our operation and ensuring efficient and accurate handling of each transaction.

Effective October 1, 2023, a daily maximum of five (5) transactions per customer will be processed in our public service office. All other transactions must be submitted for processing through our front desk with an estimated processing time of 1-2 business days.

Outlined below are the key points of the new procedure:

1. **Drop-off Location** All transactions, including associated documentation, should be submitted to the front desk located at Miami-Dade County Office of the Tax Collector 200 N.W. 2 Ave. Miami, FL 33128.

2. **Processing Timeframe** Our team is committed to providing swift and efficient service. As such, all submitted documents should be processed within 1-2 business days from the time of drop-off. Please note, transactions which are not collected within three (3) business days after notification of processing completion will be mailed and rights to lost item fee waiver forfeited.

3. **Required Form** To facilitate the processing of transactions and ensure accuracy, we kindly request that a completed form be submitted along with each transaction. The enclosed Public Service Office Drop Off Form must be filled out in its entirety, providing all necessary information required for accurate processing.

We understand that operational adjustments can present challenges, and we are here to support you through this transition. If you have any questions or concerns regarding this new procedure, please do not hesitate to contact our customer service team at 305-375-3305 or tc-publicserviceoffice@miamidade.gov.

Thank you for your continued partnership and cooperation. We look forward to a seamless transition to this improved process.

Sincerely,

Peter Cam,
Tax Collector

Attachments: Public Service Office Drop Off Form; Fast Title Service Walk-In Ledger

c: Gerado Gomez, Assistant Tax Collector
   Maritza McClaskey, Assistant Tax Collector
   Andrew Lopez, Assistant Tax Collector
Miami Dade Office of Tax Collector  
Peter Cam, Tax Collector  
200 NW 2nd Ave  
Miami, Fl 33128

PUBLIC SERVICE OFFICE - DROP OFF FORM

____________________________________________________________________________________

Name of Company_____________________________________________________________________

____________________________________________________________________________________

Date

____________________________________________________________________________________

Name of Person Dropping Off (Please Print)____________________________________________

____________________________________________________________________________________

Signature

____________________________________________________________________________________

Print Name of Contact Person________________________________________________________________

____________________________________________________________________________________

Telephone

____________________________________________________________________________________

QUANTITY OF ITEMS RECEIVED

____________________________________________________________________________________

Name of Clerk Accepting Work & Payment (Please Print)__________________________Date ___________ Time ___________

____________________________________________________________________________________

Quantity of Title(s) _________________________________________________________________

Quantity of Registration(s) ___________________________________________________________

Quantity of Derelict(s) ______________________________________________________________

____________________________________________________________________________________

Quantity of LBT _________________________________________________________________

Quantity of Real Estate ______________________________________________________________

Quantity of Other _________________________________________________________________

____________________________________________________________________________________

How Many Checks: __________ Check(s) #: ___________________________________________

____________________________________________________________________________________

AUTO TAG ONLY

____________________________________________________________________________________

Name of Clerk Who Processed Work_____________________________________________________

____________________________________________________________________________________

Date

Titles: __________ Registrations: ______ Derelict(s): ______ Rejected: ______

____________________________________________________________________________________

Comments

____________________________________________________________________________________

Name of Person Picking-Up (Please Print)_____________________________________________

____________________________________________________________________________________

Signature

____________________________________________________________________________________

Clerk Returning Work & Payment (Please Print)_________________________________________

____________________________________________________________________________________

Date ___________ Time ___________

Transactions which are not collect 3 business days after notification of processing completion will be mailed and right to lost item fee waiver forfeited.
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**CERTIFICATION:** I, the undersigned, hereby confirm that the person receiving the Florida Certificate of Title referenced herein, has verified that the recipient is the owner of record or has authorization via an authorization/release affidavit, a power of attorney or notarized/perjury clause affidavit signed by the owner of record allowing them to receive the fast title in their behalf.

**NOTE:** To review the EXCEPTIONS for licensed Florida dealers, refer to TL-46-04

Processing Title Clerk’s Name: ____________________________ TC#: ______________

Date: ______________