



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF STATE LANDS
Bureau of Public Lands Administration
BILLING INFORMATION FORM

Payments for Lease Number: _____

Lessee Name: _____

Management Company: _____

Billing/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

SALES TAX CERTIFICATION/EXEMPTION

Sales tax is due on each lease fee payment unless the Lessee can claim an ownership exemption. I/We are exempt from sales tax for the reason checked below.

Government Agency: _____ (Exemption Number)

Exempt Organization: _____ (Exemption Number)

Lease and collect sales tax on all available dock spaces.

_____ (Sales Tax Number)

Lease and collect sales tax on some available dock spaces but fully assume the responsibility to remit sales tax on that portion of space on which no sales tax is charged.

_____ (Sales Tax Number)

None of the above can be claimed.

A copy of the Florida Annual Resale Certificate for Sales Tax or the Certificate of Exemption must accompany this form to claim this exemption pursuant to Section 212.07(1)(b), F.S.



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I/We certify that the above information is correct and agree to **NOTIFY THE BUREAU OF PUBLIC LAND ADMINISTRATION'S ACCOUNTING SECTION AT (850) 245-2720 within 30 days of the date of any change in the above designated billing agent, phone number, fax number or Lessee's tax status.**

Signed: _____
Lessee / Authorized Entity

Date: ____ / ____ / ____

For Recurring Revenue Section Use Only

Billing Form to Accountant: _____, ____ / ____
Originator's signature

Data Entered by Accountant: _____, ____ / ____
Accountant's signature