LAKE TAX

David W. Jordan ★ Lake County Tax Collector

Commercial Services Tracking Sheet

Business Name: _____

Contact name and phone number: _____

Pin# _____ Check# _____

Signature of business representative: _____ Date: _____

---------- FOR OFFICIAL TAX COLLECTOR USE BELOW ----------

Contents delivered # _____ Date received: _____ Time received: _____

Signature of Tax Collector employee processing work: _____

Work completion date & time: _____ Entity notified: _____

Audit Control Number	Title Number

Fast Title Quality review signature: _____ Date Titles Printed: _____

Processed: _____ Returned: _____

Batch(s) # _____

Total amount due $ _____ **or** **Refund amount due $** _____

Accepted by Dealer Signature: _____ ***Date accepted:*** _____

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