



**John M. Drew
Tax Collector**

86130 License Road, Suite 4
Fernandina Beach, FL 32034
www.nassautaxes.com

TOURIST DEVELOPMENT TAX PROPERTY IDENTIFICATION REPORT FORM

DATE FILED: _____
PROPERTY OWNER or AGENT: _____
MAILING ADDRESS: _____
CITY: _____, **STATE** _____ **ZIP** _____
FLORIDA SALES TAX NO: _____
NUMBER OF PROPERTIES FOR WHICH YOU COLLECT BED TAX: _____

PLEASE LIST EACH PROPERTY AND THE IDENTIFICATION NUMBER BELOW:

ADDRESS OF PROPERTY: _____
OWNER NAME & ADDRESS: _____
CITY: _____, **STATE** _____ **ZIP** _____
PROPERTY IDENTIFICATION NUMBER: _____

ADDRESS OF PROPERTY: _____
OWNER NAME & ADDRESS: _____
CITY: _____, **STATE** _____ **ZIP** _____
PROPERTY IDENTIFICATION NUMBER: _____

ADDRESS OF PROPERTY: _____
OWNER NAME & ADDRESS: _____
CITY: _____, **STATE** _____ **ZIP** _____
PROPERTY IDENTIFICATION NUMBER: _____

Tax Collector's Office
86130 License Road
Fernandina Beach, FL 32034

Historic Courthouse
416 Centre Street
Fernandina Beach, FL 32034

Callahan Office
45401 Mickler Street
Callahan, FL 32011

Hilliard Office
15885 CR 108
Hilliard, FL 32046

(904) 491-7400 and (866) 815-4690 Fax: (904) 432-0220

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