



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Office of Agricultural Law Enforcement

OWNER PROPERTY RECEIPT

705.07(24) and 705.103, F.S.

In consideration of the Office of Agricultural Law Enforcement returning the following item to me: (Description of item and serial number if applicable)

**I DO HEREBY SWEAR OR AFFIRM THAT I, THE BELOW-NAMED PERSON,
AM THE OWNER OF SAID ITEM.**

OWNER NAME (PRINT LAST NAME, FIRST NAME):

ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE/CELL PHONE NUMBER: (_____) _____

TYPE OF ID PROVIDED FOR IDENTIFICATION VERIFICATION:

OWNER SIGNATURE: _____

OALE EMPLOYEE SIGNATURE: _____

OALE EMPLOYEE #: _____ DATE: _____