



Florence County Auditor
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Out-of-State Vehicle Report

Section 1: Vehicle Information

License Plate Number _____

Registered State _____

Description make _____ model _____

Owner Name (if known) _____

Florence County Location Address _____

Date first seen _____

Which times of day and day(s) of the week would the vehicle likely be at the address?

Section 2: Contact Information and Additional Information (optional)

Name: _____ Date _____

Phone No. _____ E-Mail _____

Comments:

