



**REGISTRATION FOR ELECTRONIC MAIL NOTIFICATION OF
CHANGES IN CIGARETTE DIRECTORY**

Please Type or Print Legibly:

Company Name: _____

Owner or President's Name: _____ Title: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax: _____

E-mail Address: _____

Website Address: _____

If your email address should change, you must file a new form to remain on the email address list to continue email notification.

Mail completed form to:

**State of Oregon
Department of Justice, Office of the Attorney General
Civil Enforcement Division; Attn: Tobacco Enforcement
1162 Court Street NE
Salem, OR 97301-4096**