REQUEST FOR GAMING STAMPS

OFFICE OF ATTORNEY GENERAL

SFN 52105 (7-18)

Name of Licensed Distributor: _____

License Number: GD - _____

Mail to: _____

_____

_____

_____

Number of Stamps Requested:

(in 1,000 increments/1,000 stamps per roll)

Paper : _____

Electronic : _____

Fee: $350 Per 1,000 Stamps

Requestor: _____ **Date:** _____

(Signature)

Mail Fee and Request to:

Office of Attorney General
Gaming Division - 17th Floor
600 East Boulevard Avenue, Dept. 125
Bismarck, ND 58505-0040