



**TRIBAL CONTACT INFORMATION FORM**

BGC CCS-014 (Orig. 07/2013)

**DIVISION OF LAW ENFORCEMENT**  
 BUREAU OF GAMBLING CONTROL  
 COMPACT COMPLIANCE SECTION  
 P. O. BOX 168024  
 SACRAMENTO, CA 95816-8024  
 Telephone: (916) 227-3584  
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TRIBE/TGA/CASINO REPRESENTATIVE REPORTING CHANGES		
E-MAIL ADDRESS	PHONE NUMBER	DATE
<b>TRIBAL INFORMATION</b>		
CURRENT TRIBE NAME		
PHYSICAL ADDRESS	MAIN PHONE NUMBER	
MAILING ADDRESS	MAIN FAX NUMBER	
CHAIRPERSON	PHONE NUMBER	E-MAIL ADDRESS
VICE CHAIRPERSON	PHONE NUMBER	E-MAIL ADDRESS
CONTACT PERSON AND TITLE	PHONE NUMBER	E-MAIL ADDRESS
<b>TRIBAL GAMING AGENCY / COMMISSION INFORMATION</b>		
CURRENT TGA NAME		
PHYSICAL ADDRESS	MAIN PHONE NUMBER	
MAILING ADDRESS	MAIN FAX NUMBER	
CHAIRPERSON	PHONE NUMBER	E-MAIL ADDRESS
VICE CHAIRPERSON	PHONE NUMBER	E-MAIL ADDRESS
TGA MEMBER AND TITLE	PHONE NUMBER	E-MAIL ADDRESS
CONTACT PERSON AND TITLE	PHONE NUMBER	E-MAIL ADDRESS
<b>CASINO INFORMATION</b>		
CURRENT CASINO NAME		
PHYSICAL ADDRESS	MAIN PHONE NUMBER	
MAILING ADDRESS	MAIN FAX NUMBER	
CHIEF FINANCIAL OFFICER	PHONE NUMBER	E-MAIL ADDRESS
CONTROLLER	PHONE NUMBER	E-MAIL ADDRESS
<b>FOR USE BY BUREAU OF GAMBLING CONTROL PERSONNEL ONLY</b>		
VERIFIED WITH (NAME AND TITLE)		DATE VERIFIED
TRIBAL SPECIALIST		DATE LIS UPDATED/SCANNED