



Form TPM-5

Stamper E-Mail Registration Form

Complete this form in black or blue ink only and return to the Department of Revenue Services (DRS):

Department of Revenue Services
Audit Division, Excise/Public Services Subdivision
25 Sigourney Street
Hartford CT 06105

The information required by this form may also be faxed to DRS. The fax number is: **860-541-7698**.

Stamper Name: _____

DRS Cigarette Distributor License Number: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Mailing Address (if different from above): _____

Telephone Number: _____

FAX Number: _____

Contact Person: _____

Title: _____

Web Site Address: _____

Stamper's E-mail Address: _____