



V I R G I N I A

Town Finance Office

CIGARETTE DISTRIBUTORS

Retailer: _____

Business Address: _____

**The names and addresses of my cigarette distributors are as follows:
(Please PRINT or TYPE)**

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Individual completing this form:

Date

Signature

Printed Name