



Form TPM-5

Stamper E-Mail Registration Form

Please complete and return to the Department of Revenue Services (DRS):

Department of Revenue Services

State of Connecticut

25 Sigourney Street

Hartford CT 06105

Attn: Audit Division, Excise/Public Services Subdivision

Alternatively, the information required by this form may 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: _____

Facsimile (FAX) Number: _____

Contact Person: _____

Title: _____

Web Site Address: _____

Stamper's E-mail Address: _____