



STATE OF CALIFORNIA

# REPEAL

DEPARTMENT OF JUSTICE

## DISTRIBUTOR ELECTRONIC MAIL ("E-MAIL") REGISTRATION FORM

JUS-TOB8 (Rev. 02/2004)

Please complete and submit to the Attorney General's Office:\*

**Mailing Address:**

Office of the Attorney General  
for the State of California  
Tobacco Litigation & Enforcement Section  
P.O. Box 944255  
Sacramento, CA 94244-2550                      OR

**Street Address:**

Office of the Attorney General  
for the State of California  
Tobacco Litigation & Enforcement Section  
1300 I Street, Suite 125  
Sacramento, CA 95814

\*Alternatively, the information required by this form may be submitted electronically to the Attorney General's Office at [tobacco@doj.ca.gov](mailto:tobacco@doj.ca.gov)

Distributor Name: \_\_\_\_\_

BOE License No. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile (FAX) number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Website Address: \_\_\_\_\_

Distributor's E-mail Address: \_\_\_\_\_