Tribal-State Gaming Compact

Form G-220: Notification to SCA by Tribe of operation of any new locations (p. 35)

Tribe / Nation _____

Tribal-State Gaming Identification No. _____

For the Quarter Ending: _____, 2____

New Locations:

1. Facility Name: _____
   Physical Location: _____
   _____
   Facility Address: _____
   _____
   Facility Phone No.: _____
   Facility Fax: _____
   Web Site Address: _____
   Email Address: _____
   SCA Use Only: _____

2. Facility Name: _____
   Physical Location: _____
   _____
   Facility Address: _____
   _____
   Facility Phone No.: _____
   Facility Fax: _____
   Web Site Address: _____
   Email Address: _____
   SCA Use Only: _____

3. Facility Name: _____
   Physical Location: _____
   _____
   Facility Address: _____
   _____
   Facility Phone No.: _____
   Facility Fax: _____
   Web Site Address: _____
   Email Address: _____
   SCA Use Only: _____

(Add additional pages as necessary; continue the numbering in sequence)