

MISSISSIPPI GAMING COMMISSION LOST-STOLEN-MUTILATED FEE LOG



Employer _____

Address _____

District _____

	Full Name (Last, First, Middle)	Social Security Number	Lost/Stolen/Mutilated
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Number of Permits _____ X \$10 = _____

Check Number = _____ Check Total = _____

No Personal Checks _____

Form completed by: _____

Print Name and Contact Number

Signature