LUCKY 7
TICKET DISPENSING DEVICE
LOCATION REPORT

Complete and file this form with the NH Lottery Commission within 5 days of a Lucky 7 ticket dispensing device being installed or removed. A separate form must be completed for each machine. Mail the completed form(s) to:

New Hampshire Lottery Commission, 14 Integra Drive, Concord, NH 03301

DISTRIBUTOR INFORMATION
Business Name:
Contact Person's Name:
Contact Person's Phone Number(s):
Contact Person's E-mail Address:
LUCKY 7 TICKET DISPENSING DEVICE INFORMATION
Manufacturer of the Device:
Device Name/Type/Model Number:
Device Serial Number:
This Device Was: ☐ **Installed** ☐ **Removed** **On:**_____ *(mm/dd/yyyy)*
This Device Was/Is: ☐ **Lease to** ☐ **Purchased by** ☐ **On Loan With** the Charitable Organization
CHARITABLE ORGANIZATION INFORMATION
Name of Charitable Organization:
Address Where the Device Is/Was Located:
Contact Person's Name:
Contact Person's Phone Number(a):
AUTHORIZED SIGNATURE
By submission of this form, I hereby attest that I am authorized to do business on behalf of this establishment. I further certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided herein is true, accurate and complete, and that there are no willful misrepresentations in or falsifications of the information provided herein. _____ _____ _____ *Printed Name of Contact Person* *Signature of Contact Person* *Date*