You'll like the view from
South Hill

Town of South Hill

Incorporated 1901

ADMINISTRATION

CODE COMPLIANCE OFFICIAL

PUBLIC WORKS

(434) 447-3191

CIGARETTE DISTRIBUTORS

Retailer: _____

Business Address: _____

_____

The names and addresses of my cigarette distributors are as follows: (please PRINT or TYPE)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Individual completing this form: _____

Signature

_____ _____

Date Printed Name