

**Casino Reinvestment Development Authority**

**Respondent Registration Form**

*[must be completed by all respondents, including any proposed joint venture; registration fee must be submitted with completed form]*

**Section 1:**

Respondent Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone and Email: \_\_\_\_\_

Alternate Respondent Contact Person: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

***Complete Section 2 if respondent is a joint venture:***

**Section 2:**

Respondent Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone and Email: \_\_\_\_\_

Alternate Respondent Contact Person: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

**Include on a separate sheet of paper, the name and address of any person or entity that respondent has or intends to engage, directly or indirectly to represent its interests in this solicitation.**

***STOP – REMAINING FORM COMPLETED BY CRDA***

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Title of solicitation: \_\_\_\_\_

Date released: \_\_\_\_\_

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

Registration Fee: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_