



Michigan Gaming Control Board

Disassociated Persons List Information Update Notification
(Please Print Clearly)

Please submit this Information Update Notification form when personal information changes occur. You may personally deliver or mail this form in an envelope marked CONFIDENTIAL to Responsible Gaming Section, Michigan Gaming Control Board, Cadillac Place, 3062 W. Grand Blvd., Suite L-700 Detroit, MI 48202-6062. This form is available for printing on the MGCB website at www.michigan.gov/mgcb.

FILE NO: \_\_\_\_\_ Name: \_\_\_\_\_
(Located on Confidential Order and Notice of Placement)

NAME CHANGE (Please Print)

Previous Name:

\_\_\_\_\_
(First) (Middle) (Last)

New Name: \_\_\_\_\_
(First) (Middle) (Last)

ADDRESS CHANGE

Previous Address:

\_\_\_\_\_
(Street) (City) (State) (Zip Code)

New Address: \_\_\_\_\_
(Street) (City) (State) (Zip Code)

TELEPHONE NUMBER CHANGE

Previous Telephone Number: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

New Telephone Number: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

BUSINESS INFORMATION UPDATE
(Complete only if business information has changed)

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_
(Street) (City) (State) (Zip Code)

Business Telephone: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

PHYSICAL DESCRIPTION/REMARKS:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_