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**SILETZ TRIBAL GAMING COMMISSION**  
2120 NW 44<sup>TH</sup>, SUITE A  
LINCOLN CITY, OREGON 97367  
(541) 996-5497 • 1-800-789-5189 • FAX: (541) 996-5492  
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## Class III Vendor Update Form

Name of Company: \_\_\_\_\_

Physical Address

Mailing Address  
(if different than physical)

Address Line 1: \_\_\_\_\_ Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Point of Contact

Full Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alt Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Preferred Method of Contact

Telephone

Alt Telephone

E-mail

Technicians

Please list all technicians assigned to Chinook Winds Casino Resort:

Number of Technician: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature

Position Title: \_\_\_\_\_

TO SUBMIT

Mail

Siletz Tribal Gaming Commission  
Attn: Joshua Morrow, Licensing Agent  
2120 NW 44th Street, Suite A  
Lincoln City, Oregon 97367

Fax

Siletz Tribal Gaming Commission  
Attn: Joshua Morrow, Licensing Agent  
Fax Number: 541.996.5492  
Telephone: 541.996.5528

Email

[Vendors@stgcommission.com](mailto:Vendors@stgcommission.com)