



DEPARTMENT OF BANKING AND CONSUMER FINANCE

Post Office Box 12129

Jackson, Mississippi 39236-2129

PAWN BROKER CONTACT LIST

Please furnish the following information as to the persons to contact regarding certain operations of your company. **This information should be kept current at all times, and in the event of a change, please notify this Department.**

1) **OWNER:** Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

2) **LICENSING:** Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

3) **EXAMINER SUMMARY SHEETS** are to be mailed to the following person:

Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

4) **REGIONAL SUPERVISOR** of licensed office(s):

Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

5) **REGULATIONS and/or GUIDELINES:**

Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

6) **COMPLAINTS:** Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

Signature

Name (please print)

Title

Company Name