

## NOTICE OF ATTORNEY CONTACT INFORMATION CHANGE

***For Attorneys Admitted to Practice  
Before the Mashantucket Pequot Tribal Court***



Mashantucket Pequot  
Tribal Nation  
*Tribal Court*

Enter All Previously Registered Contact Information Here			
Name of Attorney			
Firm or business name			
Office address ( <i>number and street; PO Box</i> )			
City	State	Zip	
Business Telephone			
Fax			
Email			

Enter New or Corrected Contact Information Here			
Name of Attorney			
Firm or business name			
Office address ( <i>number and street; PO Box</i> )			
City	State	Zip	
Business Telephone			
Fax			
Email			

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

Please complete the above-requested information and:

1. Mail to Mashantucket Pequot Tribal Court  
P.O. Box 3126  
101 Pequot Trail  
Mashantucket, CT 06338-3126

OR

2. Fax to 860-396-6320