



STATE OF TENNESSEE
Office of the Attorney General and Reporter
Revenue Section
Tobacco Enforcement Division
 Post Office Box 20207
 Nashville, TN 37202-0207

Sales Year:

**NON-PARTICIPATING MANUFACTURER'S
 REQUEST FOR "UNITS SOLD" INFORMATION**

I. Company Information

Non-Participating Manufacturer:	
Address:	
Telephone:	Facsimile:
E-mail:	
Authorized Representative Making Request:	

II. Request for "Units Sold" Information

On behalf of the above-identified Non-Participating Manufacturer, _____
 _____, hereby requests that the Tennessee Office of the
 (Authorized Representative)
 Attorney General's Tobacco Enforcement Division (hereinafter the "State") disclose the number
 of "Units Sold", defined at Tenn. Code Ann. § 47-31-102(10), for the following brand families:
 _____, sold to licensed
 (NPM Brand Families)
 Tennessee tobacco wholesalers during the following time period: _____.
 (Year/Quarter)

By executing this request form, I acknowledge that Tennessee has the authority to revise
 its calculation of the number of Units Sold if any new or amended information is received at any
 time. I further acknowledge that the above-identified Non-Participating Manufacturer is required
 to track its sales to licensed Tennessee tobacco wholesalers in accordance with Tenn. Code Ann.
 § 47-31-102(10) and § 47-31-103.

IV. Confidentiality Agreement

On behalf of the above-identified Non-Participating Manufacturer, I, _____
_____, hereby agree not to disclose the Units Sold
(Authorized Representative)
information provided by the State in response to this request, including wholesaler data collected
by the Tennessee Department of Revenue, to anyone other than employees and representatives of
the above-named Non-Participating Manufacturer.

V. Signature

Authorized Representative

Date