



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Antitrust Review Program

Registration Form

I wish to register the undersigned public entity for participation in the Ohio Attorney General's Office Antitrust Review Program. I understand that any public entity may withdraw from this program at any time.

*Name of Ohio public entity:

*Type of entity:

*Mailing Address:

*City, Zip Code:

*Name & Title of Contact Person:

*Phone & Email of Contact Person:

Name & Title of Person Completing Form (if different):

Phone & Email of Person Completing Form:

**required information*

You may print this form and mail it to:

**Antitrust Review Program, Ohio Attorney General's Office
150 East Gay Street, 23rd Floor
Columbus, OH 43215**

Or you may fax it to **(866) 473-4883**