**OSAH FORM 1**

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| **FOR OSAH USE ONLY** | | | | |
| **Agency:**  **GLC** | **Case Type:** | **Docket No.:** | **County:** | **Judge:** |

**Georgia Lottery Corporation**

|  |  |  |
| --- | --- | --- |
| Non-GLC Party County: | Date hearing request filed with GLC: | Citation No. (if applicable): |

|  |  |
| --- | --- |
| **Check only one:** | |
| **COAM-C (Coin Operated Amusement Machine - Citation):** | **Hearing date on citation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **COAM-LD (Coin Operated Amusement Machine – License Determination)** | |

**CONTACT PERSON AT GEORGIA LOTTERY CORPORATION**

|  |  |  |
| --- | --- | --- |
| NAME: | TEL #: | FAX #: |
| ADDRESS (INCLUDING ZIP CODE): | POSITION: | EMAIL: |

**ATTORNEY FOR GEORGIA LOTTERY CORPORATION**

|  |  |  |
| --- | --- | --- |
| NAME: | TEL #: | FAX #: |
| ADDRESS (INCLUDING ZIP CODE): | GEORGIA BAR #: | EMAIL: |

**NON-GLC PARTY**

|  |  |  |
| --- | --- | --- |
| NAME: | TEL #: | FAX #: |
| ADDRESS (INCLUDING ZIP CODE): | LICENSE NO.: | |
| OWNER NAME(S): | TEL #: | EMAIL: |
|  |  |  |
| DESIGNATED AGENT FOR SERVICE (if applicable): | TEL #: | FAX #: |
| ADDRESS (INCLUDING ZIP CODE): | CELL #: | EMAIL: |

**ATTORNEY FOR NON-GLC PARTY (IF APPLICABLE)**

|  |  |  |
| --- | --- | --- |
| NAME: | TEL #: | FAX #: |
| ADDRESS (INCLUDING ZIP CODE): | GEORGIA BAR #: | EMAIL: |

**DOCUMENTS INITIATING THE REFERRAL MUST BE ATTACHED**

This form is available online at <https://www.osah.ga.gov> or may be requested by telephone at 404-657-2800.

**\*Clerk’s Office: For COAM-C cases, GLC is the Petitioner. For COAM-LD cases, the Non-GLC Party is the Petitioner.**