



Minor in Possession (M.I.P.) of Cigarettes, E-Cigarettes or Tobacco Products – Monthly Summary Report

<p>Instructions</p> <ol style="list-style-type: none"> 1. File a separate M.I.P. of Cigarettes, E-Cigarettes or Tobacco Products Monthly Summary Report for each court in which citations are filed. 2. Fill out ALL parts completely and type or print legibly. 3. List all M.I.P. cigarette, e-cigarette or tobacco product citation numbers issued during the month for activity by this agency's officers. 4. If the citation listing for a single month is too extensive for Part 3, attach additional citation number listings as needed to this report. 5. Do not send copies of the citations with this report. Citation copies should be kept on file with reporting agency. 	<p>Return completed report to —</p> <p>Texas Comptroller's Tobacco Enforcement Program P.O. Box 13528 Austin, TX 78711-3528</p> <p>Or FAX report to 512-463-3268</p>
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Part 1: Month of MIP Enforcement Activity

For the month of: _____ for year: _____

Part 2: Number of MIP Cigarette, E-Cigarette or Tobacco Product Citations Issued by Your Agency

Listed below are _____ (number of) citations issued for MIP/Tobacco (*Sec. 161.252, Health and Safety Code*)
 Listed below are _____ (number of) citations issued for MIP/E-Cigarette (*Sec. 161.252, Health and Safety Code*)

Part 3: Citation Numbers Covered by This Report (*Attach additional citation number listings as needed.*)

Tobacco Citations			
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____
E-Cigarette Citations			
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____

Part 4: Court Information (*File a separate report for each court in which citations are filed.*)

Court name		Court phone number (<i>area code and number</i>) ()	
Street address			
City	County	State TX	ZIP code

Part 5: Law Enforcement Agency/Officer Information

Law enforcement agency name		
Law enforcement agency ORI number	Agency phone number (<i>area code, number, and extension</i>) ()	Agency FAX number (<i>area code and number</i>) ()
Officer reporting (<i>type or print clearly: last name, first name</i>)		Officer's PID number

I, the undersigned, hereby affirm that this report is a true and accurate representation of the law enforcement actions taken.

Officer signature 	Date of signature
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