

# GRAND LAKE CASINO CUSTOMER REQUEST FORM

## CHECK HOW YOU WOULD LIKE TO RECEIVE YOUR REQUESTED INFORMATION

U.S. MAIL

E-MAIL

FAX

PICK UP

## CHECK WHICH FORMS YOU ARE WANTING

WIN/LOSS

W2-G

1099

**A VALID ID and PLAYERS CLUB CARD must be presented with this request.**

**All information on this form must be completed . Please allow 7 Business days for processing.**

**Year(s) Requesting:**

**Full Name:**

**Player Card #**

**Mailing Address:**

**City/State/Zip:**

**Date of Birth & Social Security #**

**Phone/Fax # (Fax # will only be used when requested)**

**E-Mail Address (Please write your e-mail how it actually is):**

*It is my understanding that the Player Win/Loss statement is provided as a courtesy. The data contained in this report may not be an accurate reflection of all my activity as it is prepared from the use of player tracking cards and manually rated table play activity. This information does not include slot activity during the times in which the card is not inserted in the machine or during periods when the player tracking system is malfunctioning. There may have also been occasions when my player's card was inadvertently left in the machine and play generated by another patron was recorded on my account.*

*I further acknowledge this report should not be relied on for tax reporting purposes. The Grand Lake Casino does not guarantee the accuracy of the win/loss statement. Furthermore, Grand Lake Casino does not hold any liability or*

*Guarantees for tax reporting purposes.*

***By signing, I agree that I have read and understood the above statement.***

**Customer Signature & Date**

## DO NOT WRITE IN THIS BOX. GRAND LAKE CASINO USE ONLY

**Photo ID Type & Number:**

**Players Card Number:**

**Players Club Rep. Signature & Date:**

**Compliance Personnel & Process Date:**