



WIN/LOSS STATEMENT REQUEST FORM

Name:	
Account Number(s):	
Date of Birth: Pho	ne Number:
Email Address:	
Mailing Address:	
City/State/Zip:	
ls this a change of address? (Please Circle) Yes or No	
I would like to request a win/loss statement for 2008 • 2009 • 2010 • 2011	• 2012 • 2013 • 2014 • 2015
Must provide copy of valid identification which includes:	
Signature Da	te
I do hereby certify that the statements contained herein are true PlayLV LLC., its Subsidiaries, Affiliates and Agents, to provide from the above referenced Account(s). I agree to indemnify present agents, employees, managers, representatives, officer and companies, from any and all suits, causes of action, liabilitil, or my administrators, executors, agents, assignees or any that result of this request.	e to me a win/loss statement of my gaming activity derived and hold harmless PlayLV LLC., and its respective past and rs, directors, successors and affiliated persons, organizations es, costs, losses, damages, attorney's fees and expenses which

Do not write in this box - for PlayLV use only.

	Verified On:	Verifier's Signature & Barcode
Valid Government Issued Photo Identification Type		
Valid Government Issued Photo Identification Number/Expiration date		
All Items Verified in Player Tracking		