

## WIN/LOSS STATEMENT REQUEST FORM

Name:	
Account Number(s):	
Date of Birth:	Phone Number:
Email Address:	
Mailing Address:	
City/State/Zip:	
Is this a change of address? (Please Circle) Yes or No	
	t for my gaming activity for the year: (Please Circle) 2012 • 2013 • 2014 • 2015 • 2016
Must provide copy of valid identification which incl	udes: state-issue ID, driver's license, military ID or passport.

Signature \_\_\_\_\_

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I do hereby certify that the statements contained herein are true and correct to the best of my knowledge. I hereby authorize PlayLV LLC., its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activity derived from the above referenced Account(s). I agree to indemnify and hold harmless PlayLV LLC., and its respective past and present agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arising out of or relating to this request as a result of this request.

Date

	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		

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