



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

I would like to request a win/loss statement for my gaming activity for the year: (Please Circle)
2013 • 2014 • 2015 • 2016 • 2017 • 2018 • 2019 • 2020

Must provide copy of valid identification which includes: state-issue ID, driver's license, military ID or passport.

Signature _____ Date _____

I do hereby certify that the statements contained herein are true and correct to the best of my knowledge. I hereby authorize Plaza Hotel Casino., 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 Plaza Hotel Casino., 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.

**Email Statement Request Form with a copy of ID and Players Club Card to
CasinoServices@plazahotelcasino.com or mail to
1 Main Street, Las Vegas, Nevada 89101**

Do not write in this box - for Plaza Hotel Casino use only.

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