

Gaming Activity Statement Request

Name:			
Date of Birth:		Account Number(s):	
Email Address:			
Is this a change of address?		Telephone:	
Mailing Address:			
City/State/Zip			
Please provide my gaming activity for t			
☐ WIN/LOSS STATE IRS Forms: ☐ W2G (Gambling Winnings) ☐ 1042	ement *We Do Not Provide S (Foreign Citizens Only; No		
I do hereby certify that the statements contained herein provide to me a Gaming Activity statement of my gamin & Casino, and its respective past and present agents, e companies, from any and all suits, causes of action, liab assignees or any third party have any arising out of or re	ng activity derived from the mployees, managers, repre pilities, costs, losses, damag elating to this request as a r	above referenced Account sentatives, officers, director es, attorney's fees and expression of this request.	 I agree to indemnify and hold harmless Graton Resoors, successors and affiliated persons, organizations an
	Account Holder's Signa	ture Is Required Below	
It witness whereof, I have executed this request at		 Lity	, State
on the day of		ancy .	state
If Account Holder does not present request in person Statement. Account Holder MUST present valid Governments. SUBSCRIBED AND SWORN TO before me	rnment issued photo ID acc	re must be notarized. On	•
NOTARY PUBLIC	Do Not Write Graton Resort &		
Valid Government Issued Identification Type	Insert Valid Governmen Type V		Verifier's Signature and Date
Notarized			
Photo Identification Valid Government Issued			
Pick Up or Mail			
All Items Verified in Player Tracking			
Please present this request to the Rewards Cer Request Completed By:	nter at Graton Resort & Casi Please mail the or Graton Reso Win/Loss State 630 Park Court, Roh	riginal request to: ort & Casino ement Request	resented in person, request must be notarized. Date: