

## **Gaming Activity Statement Request**

Name:			
Date of Birth:		Account Number(s):	
Email Address:			
Is this a change of address?	0	Telephone:	
Mailing Address:			
City/State/Zip			
Please provide my gaming activity for	the year(s):   2018  2 tement *We Do Not Provide		
IRS Forms:  W2G (Gambling Winnings)  1042			
I do hereby certify that the statements contained herei provide to me a Gaming Activity statement of my gami & Casino, and its respective past and present agents, companies, from any and all suits, causes of action, lia assignees or any third party have any arising out of or I	ing activity derived from the employees, managers, repre bilities, costs, losses, damag relating to this request as a r	above referenced Account sentatives, officers, directo es, attorney's fees and exp esult of this request.	. I agree to indemnify and hold harmless Graton Reso rs, successors and affiliated persons, organizations an
	Account Holder's Signa	ture is Required Below	
It witness whereof, I have executed this request at		 City	, State
on the day of	, 20		
If Account Holder does not present request in person Statement. Account Holder MUST present valid Gove SUBSCRIBED AND SWORN TO before me	ernment issued photo ID acc	re must be notarized. On	
NOTARY PUBLIC			
NOTANTIOBLE	Do Not Write Graton Resort &		
Valid Government Issued Identification Type	Insert Valid Governmen	nt Issued Identification	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 Ce  Request Completed By:	I 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	esented in person, request must be notarized.  Date:
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