



Gaming Activity Statement Request

Name:	
Date of Birth:	Account Number(s):
Email Address:	
Is this a change of address? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone:
Mailing Address:	
City/State/Zip	

Please provide me with a statement of my gaming activity for the year(s): 2013 2014 2015 2016 2017 2018

Please provide me with a copy of: W2G 1042S (Foreign Citizens Only) 1099 Win/Loss

***We Do Not Provide Current Year Win Loss or 1099 Statements.**

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Graton Resort & Casino, its Subsidiaries, Affiliates, and Agents, to provide to me a Gaming Activity statement of my gaming activity derived from the above referenced Account. I agree to indemnify and hold harmless Graton Resort & 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 have any arising out of or relating to this request as a result of this request.

Account Holder's Signature Is Required Below

It witness whereof, I have executed this request at _____, _____
City State

on the _____ day of _____, 20_____.

 Account Holder's Signature

If Account Holder does not present request in person, Account Holder's signature must be notarized. Only Account Holder may receive or request a Win/Loss Statement. Account Holder MUST present valid Government issued photo ID acceptable to Graton Resort & Casino, in its sole and absolute discretion.

SUBSCRIBED AND SWORN TO before me

the _____ day of _____, 20_____.

 NOTARY PUBLIC

**Do Not Write In This Box
 Graton Resort & Casino Use Only**

Valid Government Issued Identification Type	Insert Valid Government Issued Identification Type Verified	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 Center at Graton Resort & Casino. If this request is not presented in person, request must be notarized.

Please mail the original request to:
 Graton Resort & Casino Marketing
 Win/Loss Statement Request
 630 Park Court, Rohnert Park, CA 94928

Request Completed By: _____ Date: _____

Please allow 3 to 5 business days for processing. If picking up in person; you will receive a call when the items are ready.