

ATTN: Win / Loss 12888 188<sup>th</sup> Ave SW Rochester, WA 98579

## Win / Loss Request Form Please allow 30 days for your request to be processed

If you are requesting yearly total information and have submitted this request after September 30th, your request will be processed the next calendar year.

For your request to be processed, this form must be completed in its entirety.

First Name		Middle Initial		Last Name
How would you like to receive your win/loss information?				
Select <u>One</u> Option Only:	☐ Mail to this address:			
lect <u>O</u>	☐ Email to this email address:			
Se	☐ Fax to this number:			
Contact Phone Number ( <i>required</i> ): Date			Date of Birth (r	equired):
Lucky Eagle Player's Club Card Number ( <i>required</i> ):				
Calendar Year(s) Requested ( <i>required</i> )::				
Please read this section:				
I am requesting the Lucky Eagle Casino ("LEC") provide me with my net win/loss figures for the year(s) listed above. I understand the information is being provided to me based on the data available to the LEC via their player tracking records and is limited to play when the above referenced player's card is utilized. I further understand these records are not subject to audit or review and as a result, the LEC is unable to make any assurances as to the accuracy or completeness of the reported amounts. The LEC strongly recommends you consult your tax advisor for any questions or reporting of these figures related to income tax filings.				
Lucky Eagle Signature (r	· Casino Players C equired):	lub Member	Date of Signat	iure: