Win / Loss Statement Request

This form will serve as a waiver for the release of information only to the person listed below for a period of one-year from the date of signature.

We cannot provide information to you on a spouse, family member, relative, friend or other account, without written approval from the holder of that account.

Your Win/Loss Statement will be mailed to your address on file. Please verify that we have your current address before submitting your request. Address changes can be made by visiting the Players Advantage Club.

The Win/Loss Statement will reflect our records of your card-in play for the year you request as of the date indicated on the form. The Statement is only an estimate, and is dependent on proper use of the Players Advantage Card.

Name:_____
First Name Middle Initial Last Name

Date of Birth: _____
MM/DD/YYYY

Players Card Number: __ __ __ __ __ __ __ __ __ __ Tax Year(s) Requested: _____
(please omit leading zeros)

_____
Account Holder's Signature (required) **Date**

Mail your completed form to:	San Pablo Lytton Casino Attn: Marketing Dept. 13255 San Pablo Ave San Pablo, CA 94806	Or	Bring your completed form to the Players Advantage Club	Or	Fax your completed form to 510-620-2603

Please allow up to 2 weeks for processing your request if received from January 1 - April 15. Please allow 4 weeks for processing if received April 16 - December 31.

Office Use Only:

Date Received: _____