



Win/Loss & W-2G Request Form

In consideration of our guests' best interest, we must receive written approval from the owner of the Players Advantage account prior to releasing any financial information. This letter will serve to fulfill that requirement, allowing us provide in writing the information requested.

We **cannot** provide information to you regarding the account of a spouse, family member, relative, friend or acquaintance, unless we have written approval from the holder of that account.

Please complete the lower portion of this document, including information to be released, address to send the information, signature, and date. This form will serve as a waiver for the release of information only to the person and address listed below, for a period of one year from the date of signature.

Unless requested by State, Local or Federal government agency, all above will apply. Information will not be provided over the phone. All information must be filled out correctly and legibly.

Print Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

W-2G Statement: Record of Gaming Machine Jackpots won for the year(s) requested.

Social Security #: _____ Year(s) Requesting: _____

Win/Loss Statement: Record of card-in play for the year(s) requested as of date indicated on form.

Players Card Number: _____ Year(s) Requesting: _____

Signature of Account Holder

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 completed form to 510-215-4542
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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: _____ Mail Pick-up

Date Completed: _____