



W2G, 1099 or Win/Loss Statement Request

Name:	Player's Club Card Number:
Social Security Number:	Date of Birth:
Mailing Address:	
City/State/Zip:	
Telephone Number:	Email Address:

Statement Request

Please provide me with a statement of my gaming activity for the year: _____

The following document(s): (Please Circle): **W2G** **1099** **W/L Statement**

By signing below, the patron hereby releases Casino Arizona, its officers, directors, employees, agents from, and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind. Additionally, patron hereby agrees to indemnify Casino Arizona for, from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind related to releasing this information. The undersigned acknowledges that the information being provided: is based on player tracking information which includes only the play when the undersigned's players card was connected to the system, and may not accurately reflect the amount of the undersigned's play since the undersigned can play when the card is not connected to the system, and is derived from a system that does not verify the identity of the person using the player card, and may include estimated amounts to correct human error in inputting information.

Account Holder's Signature: _____

In witness, whereof, I have executed this request at _____,
 on the _____ day of _____, 20_____.

If Account Holder does not present request in person, Account Holder's signature must be notarized.

SUBSCRIBED AND SWORN TO before me the _____ day of _____, 20_____.

State of _____ County of _____

Notary Public _____ My Commission Expires _____

Do Not Write In This Box, For Casino Arizona Use Only

Identification Type	Insert Identification Type Verified	Verifier's Signature and Date
Notarized		
Photo Identification		
Other Identification		
Date Received		

Please present this request to Casino Arizona Guest Services Center. If this request is not presented in person please mail the original request to:

Casino Arizona – Finance Dept.
 W2G, 1099 or W/L Statement Request
 P.O. Box 10099
 Scottsdale, Arizona 85271



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A facsimile of this request will not be accepted.