



DATE RECEIVED: \_\_\_\_\_

INITIALS: \_\_\_\_\_

## Request Player's Club W-2G

### Players Information:

Name: \_\_\_\_\_ Player's card # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security#: XXX-XX-\_\_\_\_\_

Please Release information concerning my Slot activity for the period ending \_\_\_\_\_.

I request that Ocean Downs Casino provide my gaming activity for the time period as indicated. I understand the Ocean Downs Casino makes no representation of warranty, express or implied, as to the accuracy of this information or its effectiveness as proof of losses nor is it intended to take the place of my own records of gaming activity. In consideration of providing this information, I release Ocean Downs Casino and affiliated companies from any and all claims arising from or relating to the information and its release, and further agree to indemnify and hold those entities and persons harmless from any such claim.

Signature: \_\_\_\_\_

Mail: \_\_\_\_\_

Pick-Up: \_\_\_\_\_

**Please Note: This request may take 4-6 weeks to process**

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### Employee use only:

Players Account#: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Verified By: \_\_\_\_\_ Badge#: \_\_\_\_\_

Date Win/Loss Printed: \_\_\_\_\_

(Date Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Date Picked -Up: \_\_\_\_/\_\_\_\_/\_\_\_\_)