CASINO QUEEN

WIN-LOSS REQUEST FORM

DOCUMENT ESTIMATING PLAY ACTIVITY BASED ON CARDED GAMING ACTIVITY

TO BE COMPLETED BY APPLICANT *PLEASE PRINT ALL INFORMATION CLEARLY*

** Required Fields*

Tax Year Requested _____

_____ _____ _____

* First Name | * Middle Name | * Last Name

_____ _____ _____ _____

* Street Address | * City | * State | * Zip Code

_____ _____

* Date of Birth (mm/dd/yyyy) | * Player's Card Number

_____ _____

Phone Number | *Email Address*

Preferred Delivery Method *(allow up to 4 weeks for processing)*

☐ Pick up in person from Cashier's Cage

☐ Mail a copy to the address listed on this form

Release and Indemnification

I hereby request that Casino Queen provide me with the information requested above. In consideration of this information, I hereby release Casino Queen, Inc. and its parent and affiliated companies, and all of their respective officers, directors, employees, from any and all claims arising from or relating to the information and generated from internal systems and is not intended to be or take the place of my own records of my own gaming activity. Casino Queen, Inc. makes no representation or warranty, express or implied, as to the accuracy of this information.

_____ _____

SIGNATURE *(REQUIRED)* | **DATE**

Your request cannot be processed without your signature.

Mail completed form to:
Casino Queen Marquette
Attn: Win/Loss Requests
P.O. Box 460
Marquette, IA 52158

For any questions please contact:
Phone: 563-873-3531 | Fax: 563-873-3993