

12885 CASINO DRIVE, ANACORTES, WA 98221 | 1-888-288-8883 | INFO@SWINOMISHCASINO.COM

WIN/LOSS OR JACKPOT STATEMENT REQUEST

Swinomish Casino & Lodge must obtain a copy of your valid identification with this request form to release this information. Send this form via mail or email with a photo copy of your ID card. Below select which statement(s) you are requesting. Win/Loss Statement Jackpot Statement PROVIDE THE FOLLOWING INFORMATION Today's Date: _____ Year(s) Reqesting: _____ Name: _____ Signature Rewards#: _____ Mailing Address: City: _____ State: ____ Zip/Postal Code: ____ Email Address: Phone Number: ____ **HOW WOULD YOU LIKE TO RECEIVE YOUR STATEMENT?** Mail Email Pick up at Signature Welcome Center (with valid ID) By signing below I acknowledge I must provide valid identification upon submitting and receiving the requested statement. All requests submitted must provide a copy of the account holder's valid identification. GUEST SIGNATURE _____ SEND ASAP OR END OF YEAR **CASINO USE ONLY** SEND ASAP Received By: Completed By: SEND AFTER THE END OF

Date Sent:

YEAR REQUESTED