

For Win/Loss Statements
Please Return to:
Grand Casino
Attention: Win/Loss Request
777 Grand Casino Blvd.
Shawnee, OK 74804



Win/Loss Request

Name (First and Last) _____

Player Card Number _____

Social Security Number _____

Date of Birth ____ / ____ / ____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email if applicable _____

Please provide me with a statement for the tax year: _____

I hereby certify that the information and statements contained herein are true and correct and I hereby authorize Citizen Potawatomi Nation to provide me with the above checked statement(s). By signing below, I agree to release Citizen Potawatomi Nation, 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. I agree to indemnify Citizen Potawatomi from and against any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and cost which I, or my spouse, administrators, executors, agents, assignees, or any third party may have arising out of or relating to this request.

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

(Guest's Authorized Signature)

If this form is not presented in person, the signature must be notarized.

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

(Notary Public)

DO NOT WRITE BELOW THIS LINE, CASINO USE ONLY.

Identification Type:

Social Security _____

Photo Identification _____

Other Identification _____

Notarized _____

Verifier's Signature _____

*Requests will start being processed on February 1st.
Allow at least two weeks to process your request.*