



Win/Loss & W2G Request Form

As required by the recent passing of Federal legislation as well as considering our patrons best interest, prior to releasing any financial information we must receive written approval from the owner of the account, which we maintain. This letter will serve to fulfill that requirement allowing us to send in written form the information requested by you on your account.

We **cannot** provide information to you on a spouse, family member, relative, friend or other account, without written approval from the holder of that account.

Please complete the lower portion of this document, including information to be released, address to send the information, signature and date. This form will serve as a waiver for the release of information only to the person and address listed below for a period of one-year from the date of signature.

Unless requested by State, Local or Federal government agency, all above will apply. Information will not be provided over the phone. All information must be filled out correctly and legibly.

Print Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

W2G Statement: Record of Gaming Machine Jackpots won for the year(s) requested.

Social Security #: _____ **Year(s) Requesting:** _____

Win/Loss Statement: Record of card-in play for the year(s) requested as of date indicated on form.

Players Card Number: _____ **Year(s) Requesting:** _____

Signature of Requestor **Date**

Mail your completed form to:	San Pablo Lytton Casino Attn: Marketing Dept. 13255 San Pablo Ave San Pablo, CA 94806	Or	Bring your completed form to the Players Advantage Club	Or	Fax completed form to 510-620-2603 or 510-620-2613
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Please allow up to 2 weeks for processing your request if received from January 1 - April 15.
Please allow 4 weeks for processing if received April 16 - December 31.

Office Use Only: Date Received: _____ Mail Pick-up
Date Completed: _____