

Gaming Activity Request Form

Name:	
Rewards Card Number:	
Date of Birth:	
Email Address:	
Mailing Address:	
City/State/Zip:	
Is this a change of address? Yes	No
Telephone:	
subsidiaries, affiliates, and agents, to provide to me a my gaming activity derived from the above referenced and its respective past and present agents, employees persons, organizations, and companies, from any and	 Summary of Tax Forms Individual Tax Forms
- ·	
Account Holder's Signature	Date
If Account Holder does not present request in person and is sent by mail, email or fax, Account Holder's signature must be notarized and a photo copy of your valid ID must be included with your request. Only Account Holder may receive or request a gaming activity statement. Account Holder MUST present valid Government issued photo ID (front & back) acceptable to Gun Lake Casino Resort in its sole and absolute discretion.	
SUBSCRIBED AND SWORN TO before me on the day of, 20	NOTARY PUBLIC
Gun Lake Casino Resort: Gaming Activity Request 1123 129 th Ave, Wayland MI 49348 FAX 269.792.7718 <u>win.loss@gunlakecasino.com</u>	
GUN LAKE CASINO RESORT USE ONLY	

ID Number

Verifier's Signature and Date

Type of Valid ID Verified (Driver's License, Passport, etc.)