



PLEASE RETURN TO  
FireLake Casino  
Attention: Win/Loss Request  
41207 Hardesty Road  
Shawnee, OK 74801

## 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, liabilities, costs, losses, damages, attorney 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.*