

Table Mountain Casino Information Request Form

All requested information must be completed on this form

FIRST NAME: _____		LAST NAME: _____		ID #:
MAILING ADDRESS: _____			APT/STE #:	
CITY		STATE:	ZIP:	
HOME PHONE #:		OTHER PHONE #:		
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		

A valid picture ID must be presented with this request form to *The Club* Guest Service Counter and received by *The Club* Host. Information requests can only be submitted and received by the ID holder.

Please Check All Appropriate Boxes:

<input type="checkbox"/> W2G Tax Forms (copies of taxable winnings)
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Requested Tax Year(s)

<input type="checkbox"/> Mail to Address Listed Above <input type="checkbox"/> Pick Up at <i>The Club</i> Counter
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The undersigned hereby authorizes Table Mountain Casino to release a written summary of the undersigned's Net W2G copies for the above said tax year(s). The undersigned hereby releases Table Mountain Casino from any liability whatsoever as a result of its release of the requested information. The undersigned further acknowledges and understands that errors, omissions and other inaccuracies may exist in the released information as a result of unexpected failures or other shortcomings of the tracking system. The undersigned agrees and warrants that he/she will not release this information to any third party for any reason whatsoever without the expressed written consent of Table Mountain Casino, except that the undersigned may provide a copy of the released information to his/her tax preparer or attorney in connection with any tax professional services to be provided by such professional.

Please Allow 10 Business Days For Processing

PRINT NAME

SIGNATURE

DATE

FOR TABLE MOUNTAIN USE ONLY

	VERIFIER'S SIGNATURE	DATE
Photo Identification		
Processed/Mailed/Picked Up		