

## Station Casinos LLC Win/Loss Statement Request

|   |                    |
|---|--------------------|
| Name:   | Casino(s):         |
| Date of Birth:  | Account Number(s): |
| Email Address:  |                    |
| <b>Is this a change of address?    YES    NO    (please circle)</b> |                    |
| Mailing Address:  |                    |
| City/State/Zip:   |                    |
| Telephone:  |                    |

**Please provide me with a statement of my gaming activity for the year: 2012 2013 2014 2015 2016 2017 2018 2019 (Please Circle\*)**  
**\*We Do Not Provide Current Year Statements.**

I hereby certify that the statements contained herein are true and correct and I hereby authorize Station Casinos LLC, its subsidiaries, affiliates and agents, to provide to me a win/loss statement of my gaming activity derived from the above referenced Account. I agree to indemnify and hold harmless Station Casinos LLC, and its respective past and present agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arising out of or relating to this request.

**Account Holder's Signature Is Required Below**

In witness whereof, I have executed this request at \_\_\_\_\_, \_\_\_\_\_  
City State  
 on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Account Holder's Signature

**If Account Holder does not present request in person, Account Holder's signature must be notarized. Only Account Holder may receive or request a Win/Loss Statement. Account Holder MUST present valid government issued photo ID acceptable to Station Casinos LLC, in its sole and absolute discretion.**

SUBSCRIBED AND SWORN TO before me

the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

**Do Not Write In This Box  
 For Station Casinos Use Only**

| Valid Government Issued Identification Type  | Insert Valid Government Issued Identification Type Verified | Verifier's Signature and Date |
|--|---|-------------------------------|
| Notarized                                    |   |                               |
| Photo Identification Valid Government Issued |   |                               |
| Date Received                                |   |                               |
| All Items Verified in Player Tracking        |   |                               |

**Please present this request to the Rewards Center or Promotion Center at any Station Casinos property. If this request is not presented in person, request must be notarized. Please mail the original request to:**

**Station Casinos Marketing  
 Win/Loss Statement Request  
 1505 S. Pavilion Center Drive  
 Las Vegas, Nevada 89135-1403**