

Please return form to:
Quapaw Casino
Attention: Compliance Department
58100 E 64th Road
Miami, OK 74354



Win/Loss or Tax Information Request Form

Name _____ / _____		Players Club Card # _____	
Last Name	First Name		
Social Security Number _____		Date of Birth _____ / _____ / _____	
		Month	Day
Mailing Address _____		Year _____	
City _____		State _____	Zip _____
Telephone _____		E-mail if applicable _____	

Please provide me with a statement of my activity for the tax year: _____

I hereby certify that the information and statements contained herein are true and correct. I hereby authorize Quapaw Casino Authority DBA Quapaw Casino to provide me with the above checked statement(s). By signing below, I agree to release Quapaw Casino Authority DBA Quapaw Casino, its officers, directors, employees, and agents from and against any loss, cost, expense (including attorney's fees and costs), damages, liability or claims of any kind. I agree to indemnify Quapaw Casino Authority DBA Quapaw Casino from and against any and all suits, causes of action, liabilities, costs, losses, damages, and attorney's fees and costs 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 thereof, I have executed this request at _____, _____
City State
on this _____ 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. FOR QUAPAW CASINO USE ONLY.

Identification Type	Print Verifier's Name	Verifier's Signature & Badge Number
Social Security		
Photo Identification		
Other Identification		
Notarized		