

WIN/LOSS STATEMENT REQUEST FORM

Please send all of the Win/Loss information that you have on account

_____ for the year(s) of _____ .

Please Print:

Full Name (as it appears on the account)

Address

City / State / Zip Code

Telephone Number (area code first)

Signature(s) of Account
Holder(s)

Completed requests may be faxed to Linda McDonald at 702/739-3636 or mail the request to Tropicana Resort & Casino, attn: Linda McDonald, Executive Offices, 3801 Las Vegas Blvd. So, Las Vegas, NV 89109

All requests are processed in the order in which they are received.
Win/Loss statements will not be faxed back to customers; they will
be mailed to the address provided.