



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 emailed to CasinoAudit@TropLV.com, faxed to Casino Audit at 702-739-2428, or mailed to Tropicana Las Vegas, attn: Casino Audit, 3801 Las Vegas Blvd. So, Las Vegas, NV 89109. **Email requests MUST have customer signature.**

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