

# 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:

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Full Name (as it appears on the account)

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Address

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City / State / Zip Code

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Telephone Number (area code first)

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Signature(s) of Account  
Holder(s)

Completed requests may be faxed to Linda McDonald at 702/739-2703 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.