**FEATHER FALLS**
CASINO & LODGE
3 Alverda Dr. Oroville, CA 95966
(530) 533-3885

# *REQUEST FOR W2G REPRINTS*

***** Win/Loss requests must be submitted separately by completing a Win/Loss request form**

*Your replacement W2G(s) will be mailed to your address on file, please allow up to 10 business days to process you request. To help us serve you better, please verify that we have your current mailing address before submitting your request. Address changes can be made by visiting the Feather Falls Casino Bonus Magic Club.*

**Please Print**

**Name:**_____

**First Name** **Middle Name** **Last Name**

**Date of Birth:** _____ **Player's Card Number:** _____

**Phone Number:** _____

**Circle Tax Year(s) Requested: 2016, 2015, 2014, 2013, 2012, 2011**

**I do hereby certify that the information and statements contained herein are true and correct and I authorize Mooretown Rancheria d/b/a Feather Falls Casino, it's employees and agents, to provide me a Win/Loss Statement of my gaming activity derived from my player's card account. I agree to indemnify and hold harmless Mooretown Rancheria d/b/a Feather Falls Casino and its past and present elected and appointed officers and officials, members, managers, employees and agents from and against any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I or my spouse, administrators, executors, agents, assignees or any third party may have arising out of or relating to this request, I understand that the information requested is generated from internal marketing systems and is not intended to be or to take place of my own records of my gaming activity. I further understand and agree that Mooretown Rancheria d/b/a Feather Falls Casino makes no representation or warranty, expressed or implied, as to the accuracy of this information or its effectiveness as proof of losses and shall not be liable under any circumstances for the accuracy of this information.**

_____

**Account Holder's Signature (required)** **Date**

**Mail your completed form to:**

Feather Falls Casino
Attn: Title 31 Dept
#3 Alverda Drive
Oroville, California 95966

***Or*** **Bring** your completed form to the Bonus Magic Club booth

***Or*** **Fax** your completed form to **(530) 533-4465**

**Internal use only**

**DATE RECEIVED** _____ **COMPLETED BY** _____