



# FEATHER FALLS CASINO & LODGE

3 Alverda Dr. Oroville, CA 95966  
(530) 533-3885

## ***REQUEST FOR WIN/LOSS STATEMENT***

**\*\*\* W-2G requests must be submitted separately by completing a W-2G request form**

*Your gaming history statement 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: 2017, 2016, 2015, 2014, 2013**

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** \_\_\_\_\_