



Diamond Mountain Casino • 900 Skyline Drive • Susanville • CA • 96130

Telephone: 530-252-1100 • Fax: 530-252-1236

Win/Loss Statement Request

All information requested below is for the purpose of locating the correct account in our system and allows us to verify the account for your security. Please allow 10 days to receive and process your request. Thank you for your patience.

Please Print

Name: _____
First Name M.I. Last Name

Address: _____
Street/P.O. Box City State Zip

Phone: (____) _____ - _____ **Email:** _____

DOB: ____ / ____ / ____ **Players Acct #:** _____

Tax Year(s) Requested: _____ **Method:** Pick Up Email Mail

I do hereby certify that the information and statements contained herein are true and correct; and I authorize the Diamond Mountain Casino, its 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 the Diamond Mountain 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 the place of my own records of my gaming activity. I further understand and agree that the Diamond Mountain Casino makes no representation or warranty, express 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