



WIN/LOSS STATEMENT REQUEST FORM

Please fill out the following information entirely and return to the Players Club or mail/fax to:

Mountaineer Casino
ATTN: Win/Loss
PO Box 358
Chester WV 26034
FAX: 304-387-8363

Requests for Win/Loss Statements will be processed in the order in which they are received.
Please allow up to 3 weeks for processing and delivery.

All Win/Loss Statements will be mailed to the address recorded on file.
Please ensure your address and other information on your account is correct before sending in your request.

The information on this form is required for identification and security purposes.
Incomplete forms may cause delay. All fields are required.

(All information is requested for Faster Service. Partial SS# is permitted if on file.)

Today's Date: _____ Year Requested: _____

(Requests for Current Tax Year Will Not Be Processed until Year's End)

Players Club Card Number: _____

Name: _____

Mailing Address: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Driver's License / ID# _____

Phone Number: (____) _____ - _____

Email Address: _____

(Optional. For communication purposes only)

Signature: _____

If you have any further questions or need help, email mountaineerwinloss@mtrgaming.com or call 800-804-0468
ext. 8542