



REQUEST FOR WIN/LOSS STATEMENT

Players Card number
(Required): _____

Name (Print) _____

Date of Birth: _____

Mailing Address: _____
(number—street)

City, State, Zip

Telephone: _____

Win/Loss Statement for Tax Year: _____

I am requesting that Fitzgeralds Casino, Black Hawk provide my historical gaming activities for the year(s) listed above.

Player Signature _____

Mail or Fax form to:
Fitzgeralds Casino Black Hawk
P O Box 427
Black Hawk, CO 80422-0427
Fax: 303 582-6170