

Remington Park
Racing Casino

Win / Loss Request Form

Date: _____

Guest's Name (please print):

Last

First

M.I.

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

SSN: _____ DL No. or 2nd ID _____

Tax Year Requested: 2005 2006 2007 2008 2009

Guest's Signature: _____

Please mail to: Remington Park
Att: Audit Dept
1 Remington Place
OKC, OK 73111

Or Fax to: 405-419-4462 Att: Audit Dept.

Audit Processing Date: _____

Auditor: _____

Note: This form must be completed and duly signed in order for us to process your request. Statement will be mailed within 10 days of receipt of request.