



Dear Player:

Thank you for playing at North Star Mohican Casino Resort. In order to fulfill your request for information, please complete this form and mail it back. Upon receipt of your completed form, we will compile the information and send it to you. Again, thank you for playing at North Star Mohican Casino Resort.

I, _____, request the following information from the North Star Mohican Casino Resort:

Please note 2017 requests will not be processed until January 2018

Casino Bingo or Both

(please place an x in all boxes you seek information from)

duplicateW2G

duplicate1099

Win/Loss Statement for year: _____

(please place an x in all boxes that apply)

(please indicate which year(s) you seek information for)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ or _____

Player's Card Number _____

Social Security Number: _____

Signature: _____ Date: ____/____/____

Any additional comments:

You may email this form to Delia.Kohel@northstarcasinoresort.com. Otherwise, print and mail back attention Delia Kohel, Marketing Clerk W12180 County Road A Bowler, WI 54416.

NORTH STAR MOHICAN CASINO RESORT

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