



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 mail it to you. Please allow up to 3 weeks from the time you submit your request. 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 2018 requests will not be processed until January 2019

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: _____

(Required only if requesting prior to 2015)

Signature: _____ Date: ____/____/____

Any additional comments:

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

NORTH STAR MOHICAN CASINO RESORT

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