

SLS Las Vegas Win/Loss Statement Request

Name:	
Date of Birth:	Account Number (CODE Number):
Email Address:	
Is this a change of address? YES NO (please circle)	
Mailing Address:	
City/State/Zip:	
Telephone:	Fax:

Please provide me with a statement of my gaming activity for the year: 2016

I do hereby certify that the statements contained herein are true and correct and I hereby authorize Las Vegas Resort Holdings, LLC, d/b/a SLS Las Vegas, its subsidiaries, affiliates, managers and agents, to provide to me a win/loss statement of my gaming activity derived from the above referenced Account. I agree to indemnify and hold harmless SLS Las Vegas, and its members, managers, affiliates, successors, and assignees, including their respective affiliates, officers, directors, employees and agents, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees or any third party may have arising out of or relating to this request as a result of this request.

Account Holder's Signature Is Required Below

In witness whereof, I have executed this request at _____, _____
City State
 on the _____ day of _____, 20____.

 Account Holder's Signature

Preferred Method of Return for Requested Information (please check appropriate boxes). Requests will be sent from SLS within 7 days.

- Mail to the address provided above
- Email to the email address provided above

**Do Not Write In This Box
 For SLS Las Vegas Use Only**

	Valid Government Issued Identification Type Verified	Verifier's Signature
Date Received		
All Items Verified in Player Tracking		

**Please present this request to the Main Cashier at SLS Las Vegas. If not submitting in person,
 please mail or email the original request to:**

SLS Las Vegas
Casino Marketing Department
Win/Loss Statement Request
2535 Las Vegas Blvd South
Las Vegas, Nevada 89109
Email to: sllasvegaswinloss@sllasvegas.com.
Fax to: 702-761-8514