

Pala Casino Spa Resort

PMB 40
35008 Pala Temecula Road
Pala, CA 92059



Delivery Options: Mail Email Pick-up Faxed

Dear Sir or Madam:

As required by Federal legislation, as well as considering our guests' best interest, prior to releasing any financial information we must receive written approval from the owner of the account, which we maintain. This letter will serve to fulfill that requirement allowing us to send, in written form, the information requested by you on your account.

We **will not** provide information to you on a spouse, family member, relative, friend or other account, without written approval from the holder of that account.

Please complete the lower portion of this document, including information to be released, address to send the information to, signature and date. This form will serve as a waiver for the release of information, only to the person and address listed below, for a period of one year from the date of signature.

Information will not be provided over the phone. All information will be mailed, e-mailed or faxed to:

Print Name: _____ **SSN:** _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ **Privilege Player No:** _____

E-mail: _____

Phone: _____ Fax: _____

*Signature: _____ Date: _____

Requested Information (Please check):

- Win/Loss Statement (Specify year) _____
- W2G Report (Specify year) _____

*Please allow up to 10 business days to process. Pala Casino Spa & Resort (PCSR) will not be held responsible for misdirected W-2G reports. The signature above releases PCSR from all liability. Signatures can and will be verified prior to the release of any W-2G information. If discrepancies are identified, PCSR has the right to require additional validation information from the requestor.

Please Return this Form to Pala Casino Spa Resort
Attn: Regulatory Compliance Department, at the address above
This form may also be FAXED to 760-510-5194