



## STATEMENT REQUEST

*Please print clearly. All fields are required.*

*You can return this completed form to the casino cage, email it to [winloss@silveradocasino.net](mailto:winloss@silveradocasino.net), or fax it to 775-575-2511. If you're submitting via email/fax, **attached photo/scan of State Issued ID is required** along with form.*

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
DATE OF BIRTH

FORMS REQUIRED

Check Cashing Activity

Win/Loss Statement

LOCATION(S)

Silverado

Silver Strike

Carson Plains

DELIVERY METHOD

Email

USPS Mail

Pick up at casino cage

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Please allow 7-10 days for processing.*

**INTERNAL USE ONLY**

ID NUMBER \_\_\_\_\_

CASHIER INITIALS \_\_\_\_\_