



WIN/LOSS STATEMENT REQUEST



To Receive your WIN/LOSS Statement, please print, complete and sign this form and return to Guest Services. A completed and signed form is required for all processed Win/Loss Statements (sorry, no phone requests).

Fax or Mail the Completed Form to:

FAX 207-539-6023

Mail: Oxford Casino
Attn: Guest Service Center
777 Casino Way
Oxford, Maine 04270

Completed forms may also be dropped off by the requestor at Guest Services.

I would like to request my WIN/LOSS Statement(s) for the year(s) _____ from Oxford Casino

Oxford Rewards Club Account # _____ DOB _____

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____

Please send to me:

_____ I will pick this up at Guest Services

_____ via USPS

_____ via Fax to fax # _____

Due to Security of Guest Information procedure changes in the Guest Service Center, ALL Win/Loss Statements will be mailed (only) to the address provided on this form (or the address on the guest's account in our records).

SIGNATURE _____ Date _____

Note: By signing this request, you have attested that the signature affixed to this document on the above line is the one and same person as the requestor per the printed name above.

Please note that all fields must be completed in order for the request to be processed.

For questions regarding Win/Loss Statements or this form, please email us at winloss@oxfordcasino.com

The information provided on the Annual Activity Report (Win/Loss Statement) is based on carded play (when using the Oxford Casino's Reward's Card). It is not possible to adjust any of the figures on this report to account for possible play when the guest's Reward's Card was either not inserted, or not registering play at the slot machine.