



918.582.GOLD | GoldenPonyCasino.com

W2G COPY REQUEST FORM

DATE

NAME

ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

EMAIL

HOME PHONE

ALTERNATE PHONE

PERIOD REQUEST COVERS

(For example, what year or specific month(s))

**** YOU MUST PROVIDE A COPY OF YOUR PHOTO ID WITH THIS REQUEST FORM ****

SIGNATURE OF W2G RECIPIENT _____

Statements will be mailed to the address provided. Statements will be mailed out in 7-10 days. No information will be provided over the phone. The information requested reflects information currently available in the database resulting from carded electronic games play at Golden Pony Casino. Golden Pony Casino makes no representation or warranty as to the accuracy of this information or its effectiveness as proof of losses.

PLEASE MAIL COMPLETED FORM TO:

GOLDEN PONY CASINO Attn: Compliance Dept.
109095 N. 3830 Road, Okemah, OK 74859

OR EMAIL COMPLETED FORM TO:

hhegland@goldenponycasino.com