

VGM FACILITY: Saratoga Casino and Raceway, Inc.

NEW YORK LOTTERY VIDEO GAMING REQUEST FOR REINSTATEMENT

This form is to be completed by patron requesting reinstatement to Saratoga Casino & Raceway pursuant to NYS codes of Rules & Regulation 2836-19.6. All information contained in this form is confidential.

Please print or type	the answers to the follo	wing questions in the spaces provided.
1. NAME :	FIRST, MIDDLE (Sr., Jr., etc., i	fannlicable)
2. Do you use any ot	her name or names:	Yes No Slude maiden name, aliases, nicknames, or any other name)
3. Home Address:	Number, Street, Apt#, Ci	
4. Home Telephone #	#: () (Area Code) Number	
5. Social Security*#: _ *Disclosure of your S	ocial Security Number is	 s voluntary.
"I certify that the infi signature below cor authorizes the video lottery gaming agent	nstitutes a request for lottery gaming agent to	provided above is true and accurate. I am aware that my reinstatement of my previous request for exclusion, and reinstate my gaming privileges. Further, I authorize video copy of my request for reinstatement of gaming privileges.
Print Name		Notary Public
Signature		
Date:		
Please return to:	Saratoga Casino and P.O. Box 356, 342 Je	•

Saratoga Springs, New York 12866

Attn: Bruce Cogan / Director of Compliance