



VGM FACILITY: Saratoga Casino Hotel

NEW YORK LOTTERY VIDEO GAMING REQUEST FOR REINSTATEMENT

This form is to be completed by patron requesting reinstatement to Saratoga Casino Hotel pursuant to NYS Gaming Commission Rules & Regulations 5117.6. All information contained in this form is confidential.

Please print or type the answers to the following questions in the spaces provided.

1. **NAME:** _____
LAST, FIRST, MIDDLE (Sr., Jr., etc., if applicable)

2. **Do you use any other name or names:** Yes No
If yes, list the additional names(s) below, (include maiden name, aliases, nicknames, or any other name):

3. Home Address: _____
Number, Street, Apt#, City, State & Zip Code

4. Home Telephone #: (_____) _____
(Area Code) Number

5. Social Security*#: _____ - _____ - _____
*Disclosure of your Social Security Number is voluntary.

6. Date of Birth: _____ / _____ / _____
Month Day Year

"I certify that the information which I have provided above is true and accurate. I am aware that my signature below constitutes a request for reinstatement of my previous request for exclusion, and authorizes the video lottery gaming agent to reinstate my gaming privileges. Further, I authorize video lottery gaming agent to, if approved, send a copy of my request for reinstatement of gaming privileges to each video lottery gaming agent located within New York State".

Print Name

Notary Public

Signature

Date: _____

Please return to: Saratoga Casino Hotel
P.O. Box 356, 342 Jefferson Street
Saratoga Springs, New York 12866
Attn: Director of Security