



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 codes of Rules & Regulation 9 Executive 4123 (harness). 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