



TO: ATLANTIC CITY HILTON
CASINO ACCOUNTING - WIN/LOSS DEPARTMENT
PO BOX 1737
ATLANTIC CITY NJ 08401

FAX # 609-340-7571

RE: **REQUEST FOR WIN/LOSS STATEMENT**
Please provide me with a win/loss statement for year(s) _____

NAME: _____

ADDRESS: _____

SS # _____

DOB _____

VIP # _____

I do hereby certify that the statements contained herein are true and correct and I hereby authorize The Atlantic City Hilton, its Subsidiaries, Affiliates and Agents, to provide to me a win/loss statement of my gaming activity derived from my account. I understand that such information is not intended to be or take the place of my own records of any gaming activity. I agree to indemnify and hold harmless The Atlantic City Hilton and its respective past, present, and future subsidiaries, agents, employees, managers, representatives, officers, directors, successors and affiliated persons, organizations and companies, from any and all suits, causes of action, liabilities, costs, losses, damages, attorney's fees and expenses which I, or my administrators, executors, agents, assignees, or any third party may have arising out of, relating to or as a result of this request.

Patron Signature

** Please note: Any requests for information for the current tax year will be held until the end of that year.