



Win/Loss Statement Request

Printed Name _____
Club Greektown Account Number _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Alternate Phone _____
Social Security Number _____
Birth date _____
Request Win/Loss Statement for Tax Year Ending _____
Signature _____ Date _____

REQUESTS MAY BE SENT TO:

GREEKTOWN CASINO
ATT. AUDIT DEPARTMENT
555 E.LAFAYETTE AVE. DETROIT, MI 48226

OR FAXED TO 313-961-3007

RECORDS MUST BE SUBMITTED TO:

RECORDS DEPOSITION SERVICE, INC.
PO BOX 5054
SOUTHFIELD, MI 48086-5054

P: 248.357.3330 F: 248.357.3337

**FOR SECURITY PURPOSES, A COPY OF YOUR DRIVER'S LICENSE OR STATE ID
MUST BE INCLUDED WITH ANY REQUEST.**

All information requested on this form must be filled out completely. Forms not completely filled out will not be honored. Allow four weeks for processing. Signing this form expresses a formal request for this information. Requested information will be sent to the address shown on this request. Greektown Casino assumes no responsibility for the accuracy of the information provided. Greektown Casino assumes no responsibility for information lost in the mail.

Greektown Casino Audit Use Only

Date Received _____
Processed By _____
Processing Completed Date _____