



WIN/LOSS STATEMENT REQUEST FORM

Please send the win/loss statement that you have on account for:

Patron Account# _____ for the year(s) of _____

Full Name (as it appears on the account)

Address

City/State/Zip Code

Telephone Number (area code first)

Social Security Number

Date of Birth

Signature(s) of Account Holder(s)

Completed request may be mailed to Bally's Chicago, Attn: Casino Audit, 600 N Wabash Ave Chicago IL 60611. **The entire form must be filled out completely and notarized for the request to be processed.**

All requests are processed in the order in which they are received. Win/Loss statements will be mailed to the address in the system. Statements will not be faxed or emailed back to customers.