



Oxford Casino guests can have their personal WIN/LOSS Statements sent to them by mail. To Receive your WIN/LOSS Statement, please print and fill out this form.

					WI	N/LOSS ST	ATEMENT REQUEST
Fax or Mail the	Completed Form to:						
FAX	207-539-6023		Mail:	Oxford Cas Attn: Gues 777 Casino Oxford, Ma	t Servic Way		
Completed form at Oxford Casino	ns may also be dropped o.	off by the requ	iestor at tl	ne Guest Ser	vice Ce	nter (Cashi	ier Cage)
	ments will be processed to two business weeks f			-		_	·
I would like to re	equest my WIN/LOSS Sta	atement(s) for	the year(s	5)			from Oxford Casino
Oxford Rewards	Club Account #						
First Name		Last Name					
Mailing Address	i						
City			State		Zip Co	de	
Telephone	()	-		-		Information the Gue Win/Loss S (only) to the this form	to Security of Guest on procedure changes in st Service Center, ALL statements will be mailed the address provided on a (or the address on the account in our records.
SIGNATURE					D	ate	

Note: By signing this request, you have attested that the signature affixed to this document on the above line is the one and same person as the requestor per the printed name above.

Please note that all fields must be completed in order for the request to be processed. For questions regarding Win/Loss Statements or this form, please email us at winloss@oxfordcasino.com