



Taos Mountain Casino

P.O. BOX 1865 TAOS NEW MEXICO 87571

GUEST ACCOUNT ACTIVITY REPORT REQUEST FORM

TODAY'S DATE: _____

*I am requesting an Account Activity Report for the period beginning
____ / ____ / ____ and ending ____ / ____ / ____ to be mailed to me at the
address below. Please indicate if a copy of a tax form is being
requested here: date of win _____*

Please complete all lines for form to be processed.

*Then fax back to 575-737-9521

Or scan and email to lmirabal@taosmountaincasino.com

TAOS MOUNTAIN CASINO CASH CLUB NUMBER: _____

NAME: _____

MAILING ADDRESS: _____

PHONE: (_____) _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

U.S. Residents Only

DATE OF BIRTH: ____ / ____ / ____

GUEST SIGNATURE: _____

**Please submit this form with a copy of your driver's license. Please indicate
how you would like to receive your win/loss statement. _____*

(Email, Fax or Regular Mail)