

Resorts Atlantic City
Attention: Joyce Simpkins
1133 Boardwalk
Atlantic City, NJ 08401
Fax: 609-345-1070



Please provide information documenting my gambling winnings/losses at Resorts for the year of _____ .

Name of Patron: _____

Address:

City, State, Zip: _____

Phone Number: _____

Date of Request: _____

Date of Birth: _____

Resorts Player's Card Number: _____

My signature grants Resorts the authority to release the requested information and mail it to me.

Sincerely,

Signature