



Exclusion Repeal Request

Personal Information

First Name	Middle Name	Last Name	Date of Birth
Mailing Address		City	State
			Zip Code
()		()	
Primary Phone Number		Secondary Phone Number	

Acknowledgements

A copy of my government issued, photographic identification has been provided to Osage Casino personnel.

Initial

Excluded individuals are not eligible for jackpots. Jackpots initiated by any excluded person shall be processed as an unclaimed jackpot. The submission of this request, and any subsequent hearing decision, does not negate the status of an excluded person initiated jackpot.

Initial

My exclusion will remain in effect, and enforceable, until I have received written notification from Osage Casino personnel otherwise. The completion of this request has not invalidated the exclusion placed upon me from all Osage Casino and Hotels locations or events.

Initial

Circle your selection.

I do / do not request to present my case to Osage Casinos' Executive Repeal Committee in a formal hearing. My case will be reviewed by Osage Casino Security personnel. I acknowledge that I will be sent a written invitation, with details, to this hearing at a later date if I am eligible.

Initial

Statement for Consideration

Continue on back, if necessary

Signature

Date

Intake (To be completed by Security personnel)

Security Personnel Name	Employee ID	Date
Property	IR ID	