



## CASINO VOLUNTARY EXCLUSION REQUEST

The Pokagon Band Gaming Commission (“PBGC”) is an independent government gaming regulatory authority tasked with the oversight of all gaming-related activities of the Four Winds Casino and additionally administers the Casino Self-Exclusion program.

By the submission of this *Casino Voluntary Exclusion Request*, one’s name will be added to the Exclusion List, prohibiting that person from entering in or upon any Gaming Establishment operated by the Four Winds Casino for a minimum of two (2) years; any 2<sup>nd</sup> Exclusion request shall result in an irrevocable lifetime exclusion. The reinstatement request process for first-time self-exclusion can be found at: <http://www.pokagon.com/pokagonbandgamingcommission>.

PLEASE NOTE: By agreement between the Pokagon Band of Potawatomi Indians and the State of Indiana, completion of this Voluntary Exclusion will be forwarded to the Indiana Gaming Commission (IGC), which is responsible for the exclusion of any person from gaming in the State of Indiana.

This form is intended for on-site, brick-and-mortar Casino Voluntary Exclusion only.

Please provide the below information completely; inaccurate or incomplete submissions will not be processed.

First Name: _____	Last Name: _____
Phone Number: _____	Email Address: _____
Street Address: _____	City, State, Zip: _____
Birth Date: _____	Account Player ID: _____
Last 4 of SSN: _____	Driver’ License / State ID #: _____

**A COLOR PHOTOGRAPH OF ONESELF, FACING FORWARD FROM THE TOP OF SHOULDERS TO TOP OF HEAD, WHILE DISPLAYING A VALID, PHOTO ID IN THE SAME SHOT IS REQUIRED.**

The photo must be satisfactorily clear to read the information on the ID and included with this form. Requests to exclude a person other than oneself shall not be honored. The PBGC reserves the right to refuse any request found unsatisfactory.

Submit completed form and photo attachment to: [GC.Investigators@PokagonBand-nsn.gov](mailto:GC.Investigators@PokagonBand-nsn.gov).

*\*In lieu of this form, one may appear at any Four Winds Casino and request to speak to the Gaming Commission\**

I, the undersigned individual, declaring to be the same individual identified by the account information provided above, voluntarily submit to the PBGC this **Casino Exclusion Request** seeking exclusion from entering in or upon any Michigan or Indiana Four Winds Casino properties, including all parking, hotels, and venues. Once approved, this exclusion shall remain in effect up to and until I receive written permission from the PBGC stating otherwise. I understand any violation of this exclusion shall be deemed a trespass subject to arrest and criminal prosecution and shall additionally result in forfeiture of all winnings and/or monies gamed.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_