

Request for Payment – Expired Ticket Form

Date	First Name	Last Name	Telephone	
Street Address		City	Province/State	Postal Code
Type of Ticket			Number of Tickets	
Slot Total Amount \$ _____		VLT Total Amount \$ _____		
Reason for Expiry				

Please complete the request for payment and mail to AGLC Head Office, Attention: Gaming Revenue (Finance), with the original ticket(s). Payment for all unvalidated tickets will be processed within two weeks from the date received by AGLC.

AGLC
Gaming Revenue (Finance)
50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Protection of Privacy

The personal information provided on this form is collected under the authority of section 33(c) of Alberta's *Freedom of Information and Protection of Privacy (FOIP)* Act and be protected under Part 2 of that Act. It will be used for the purpose of investigating and providing payment for an expired ticket.

Direct any questions about this collection to: gamingrevenue-dl@aglc.ca