



ilani Self-Restriction Request Form

Guest Name: _____

Guest Account Number: _____

Guest Address: _____

Date Requested: _____

Request

Removal Request

- Check Cashing
- Credit Card Advances
- Casino Credit
- *Other Request(s): _____

Restriction Request

- Check Cashing - _____
- Credit Card Advances - _____
- Casino Credit - _____

*Other requests will need to be reviewed by management. Management will follow up, in writing, with results of the review. Any reductions of casino credit limits cannot be lower than the minimum credit limit offered.

ilani will make reasonable effort to enforce the restrictions deemed to be feasible but cannot be held responsible if the patron chooses to deviate from the original request. Any approved gaming-related restrictions will require the requesting guest to utilize their player tracking card at all times while gaming. Any attempt to avoid approved restrictions may result in barring from the Cowlitz Tribal Gaming Commission.

Guest Signature: _____

Team Member Receiving the Request

Was the above request implemented? Yes No

Team Member: _____ License Number: _____

Date Received: _____

Team Member Signature: _____

When this form is complete, please submit to Compliance.

Compliance Use Only

Date Received: _____

Received by: _____

Other Request Review: N/A

Sent for Management Review:

Was the guest's request deemed feasible*? Yes No

If no, please explain: _____

Date Reviewed: _____

Reviewed by: _____

Documentation of VP Review Attached

*Feasible = Capable of being done or carried out

For Approved Restrictions/Removals

CMP account noted: _____

Team Member: _____ License Number: _____

Team Member Signature: _____

Department Contacted: _____

Contact Date: _____

Guest Contact N/A

Guest Contacted: _____

Contact Method: _____