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PRIZE AMOUNT	_	DATE OF EVENT:
	_	
BET SLIP OR VOUCHER #:		
(MUST PROVIDE ORIGINAL BET SLIP WITH THIS CLAIM FORM)		
CLAIMANT SECTION - PLEASE PRINT CLEARLY The information requested on this Claim Form will be used to validate and process your claim accordance with UBetOhio and the Ohio Lottery Commission Rules and Regulations and the Revised Code, and to comply with federal tax requirements. Failure to provide the information requested will delay the processing of your claim. Except for your social security number, the inforantion on this Claim Form may also constitute a publish record pursuant to Revised Code section 149.43.		
INSTRUCTIONS:		
Sign your name and print your name on the back of the ticket. Comp also affirm that you either are, or are not, in default of child/spousal s of this claim for your records. SEE BACK FOR MORE DETAILS.		
LAST NAME (PRINT)	FIRST NAME (PRINT)	MI
ADDRESS (CANNOT USE P.O. BOX)		
CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL
SOCIAL SECURITY NUMBER	PAPER COPY OF DRIVER	S LICENSE, PASSPORT, ETC.
PAY	MENT INFORMATION	
Choose one. Please provide the requested information.		
CHECK (PAYABLE TO) (NAME)	ADDRESS	
	CITY/STATE	ZIP CODE
ACH	ROUTING NUMBER	ACCOUNT NUMBER
Ohio Problem Gambling Helpline (800) 589-9966) www.GamblingHelpOhio.org		
In the event a customer has a dispute involving a placed wager, or the way in which a bet or market type has been settled, UBetOhio is responsible for receiving and addressing any patron disputes. Patron questions or complaints can be sent to disputes@ubetohio.com or call the customer service number at 419.377.0352. Payments under \$600 should be redeemed at the host locations. Payments over \$600 can be redeemed at the host location OR by mail to UBetOhio. All requests will be responded to within ten (10) business days.		
PLEASE MAIL TO:	UBetOhio P.O. Box 697 N	laumee, OH 43537
FOR MORE INFORMATION EMAIL US AT:	betthegame@ubetohio.co	om
Date received (UBetOhio Signature):	_	Date