

SELF EXCLUSION

REPORT #:		
DATE:		
INVESTIGATOR:		
	ORDER A	AND NOTICE AGAINST TRESPASS BY
	MANDATE	OF THE NHBP GAMING COMMISSION
CASINO RESORT, I		FROM ENTERING IN OR UPON THE PREMISES OF THE FIREKEEPERS AND GROUNDS AREAS. ANY SUBSEQUENT ENTRY UPON THESE PREMISES
Exclusion Lengt	h: Permanent	
NAME:		
STREET:		
CITY:		
ZIP:		
STATE:		
D.O.B.:		
D.L.#:		
HT:	WT:	
HAIR:	EYES:	
SCARS, MARKS, TA	TTOOS OR COMMENTS:	
	USION: I have a compulsivunder length of exclusion.	ve gambling problem or need to restrain from gambling the specified time
RECIEPT OF THIS	NOTICE IS ACKNOWLEDGE	∃D.
I,ORDER AND NOTICENTRY THEREON I	CE AND UNDERSTAND THA	HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS AT I MUST REMAIN AWAY FROM THE FIREKEEPERS CASINO AND THAT





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Alternative Self-Exclusion Method Steps

- 1. Complete the information needed on page #1 and sign the acknowledgment.
- 2.Make a photo copy of your valid Drivers' License or other form of valid identification.
- 3. Take pages #1 and #2 to a Notary Public and have them notarized.
- 4.Mail or fax a copy of Drivers License or other form of identification along with both pages #1 & #2 to the NHBP Gaming Commission's Investigations.
- 5. If you have any questions please call the Investigations Manager at 269-841-1080.

		Print Applicant's Name
		Applicant's Signature
WITNESS, my hand and Notary Seal, th	nis day of	, 20
	Notary Public, (Writt	ren Signature)
	Notary Public, (Print	ed Signature)
My commission expires:	Cou	nty of residence:

*To request a hearing to reverse a Self-Exclusion from FireKeepers Casino Resort please submit awritten request for reinstatement to:

NHBP Gaming Commission
ATTN: ADMINISTRATION DEPARTMENT
11177 East Michigan Ave, Battle Creek, MI 49014

