



RETAILER REQUEST FOR ADJUSTMENT

After you have completed this form, make a copy for your records, and send original to: Mississippi Lottery Corporation Customer Support P.O. Box 321433 Flowood, MS 39232

INSTRUCTIONS:

At the time of the terminal malfunction please remember to:

- Print a sales display - Also report down terminals and all terminal/prINTER issues to IGT at 1-866-234-7533, option 4
- Reprint of last play - Reprint of last transaction

Report all requests for adjustment to Customer Support at 1-866-234-7533, option 3.

All adjustments must be received within 7 days of the date incident occurred. Incomplete adjustment forms will be denied.

Attach all torn/ misprinted tickets and documentation required to receive credit for terminal errors or ticket problems

AUTHORIZED ADJUSTMENTS:
Defective Instant Tickets | On-line System/ Printer Malfunctions

RETAILER INFO:

1. RETAILER NUMBER: _____ 2. BUSINESS NAME: _____
 3. BUSINESS ADDRESS: _____ 4. BUSINESS PHONE: _____

CLAIM INFO:

Enter the Claim amount along with the SPECIFIC date and SPECIFIC time incident occurred. Complete one adjustment form per incident date.

5. DOLLAR AMOUNT: \$ _____ 6. DATE OF INCIDENT: _____ 7. TIME OF INCIDENT: _____ AM / PM
 8. PLEASE PRINT DETAILED EXPLANATION: _____

 9. WERE THE MISPRINTED PLAYS RE-RUN FOR THE PLAYER? Yes No 10. DRAW GAME: _____
 11. YOUR NAME: _____ 12. SIGNATURE: _____ 13. DATE: _____

CUSTOMER SUPPORT:

FOR LOTTERY USE ONLY

THIS REQUEST FOR ADJUSTMENT HAS BEEN ENTERED FOR \$ _____ EFFECTIVE W/E _____
 AND WILL SHOW ON YOUR STATEMENT AS A: Debit Credit Setoff for Commission \$ _____
 THIS REQUEST FOR ADJUSTMENT HAS BEEN DENIED FOR \$ _____
 SEE EXPLANATION: Insufficient Documentation Submitted See Attached Sheet
 ENTERED: _____ DATE: _____ ADJUSTMENT CODE: _____ No Call Log No Attachments
 (INITIALS)
 REVIEWED BY: _____ DATE: _____

MANAGEMENT REVIEW:

FOR LOTTERY USE ONLY

APPROVED BY: _____ DATE: _____
 COMMENTS: _____