

Complete this form for CT Lottery and Retail Sports Betting Claims over \$599

INSTRUCTIONS: Complete and sign this form and the back of your ticket(s). Mail completed form with your ticket(s) and 2 valid forms of ID (see back for list of acceptable IDs) to:

CT Lottery Claims Department 15 Sterling Drive Wallingford, CT 06492

Keep a copy of the front and back of your ticket(s) and this form for your records. Trackable mail services are also recommended. Valid claims will be paid by check within a reasonable period following receipt, generally within two to three weeks. **If claiming for a group or a legal entity, please call the Claims Department.** The CT Lottery is not responsible for lost, stolen, or undelivered mail. Questions? Call the Claims Department at 860-713-2680 or visit ctlottery.org/ClaimPrize.

TO BE COMP	LETED BY CL	AIMANT (<u>Please Pr</u>	<u>rint</u>): \$	(Prize Amount)
First Name, Middle Initial, Last Name Street Address, Route or Box No., Apt. No.				ity Number or TIN* or claims over \$599)
			Phone Number	
City or Town	State	Zip Code	Email Address	
Are you a non-	resident alien?	Yes □ No □		
forged, counterfeit, 12-570 of the Conr	or altered lottery tie	cket is subject to criminal tutes. Winning prize amo	alters a lottery ticket or who prosecution (Class A Misde unts in excess of \$600 may b	emeanor) under section
information is colle process your claim regulations adopted Lottery's rules and	ected from individua in accordance with d thereunder, the Tit procedures. Disclos	als. The information reque Chapters 226, 229, 229a, le 26 of the U.S. Code an	guires that this notice be provested on this form will be use 229b of the Connecticut Ged the regulations adopted the y number or tax identification our claim.	ed to validate and neral Statutes and the ereunder, and the CT
am the owner of th shown on this form	e attached ticket(s). is my correct Socia	W-9 Certification - Unde	t, that I have reviewed the aber penalties of perjury, I certification number; (2) I am notumentation.	ify that: (1) the number
Claimant's Sign	nature (See Remin	der Checklist on other sid	Date	



Help is available for problem gambling. Call (888) 789-7777 or visit ccpg.org.

OFFICE USE ONLY:			
Game Name	Ticket Serial Number		
Two Claimant IDs Provided: 1.	2		
COMMENTS:			
	Claims Employee		
Dow	ain dan Chaaldiat		
<u>Kell</u>	ninder Checklist		
☐ Did you complete and sign the bac	k of the ticket(s)?		
☐ Did you complete and sign this cla	im form?		
☐ Did you include copies of two vali	d forms of identification, one of which must be a		
-			
 Current State-issued Driver's L (Please Note: A "Drive Only" 	cicense with Photo (DO) license may not be used as ID.)		
 Social Security Card 	, , , , , , , , , , , , , , , , , , ,		
 Passport Credit/Debit Card with Signatu			
Work ID with Photo and NameGovernment-issued or State-iss			
 College Student ID 	sted Filoto ID		
 State-issued Permits Military ID			
 Permanent Resident Card 			
Alien Registration Card			
☐ Did you make a copy of the front a	and back of the ticket(s) and this form?		
☐ Did you consider using a trackable	mail service?		