

# **Customer REINSTATEMENT Form**

## **APPLICATION FOR REMOVAL FROM SELF-EXCLUSION LIST**

### **NASSAU REGIONAL OFF-TRACK BETTING CORPORATION (NROTB) VOLUNTARY EXCLUSION PROGRAM**

**(This form must be signed and witnessed by the Branch, Shift or Assistant Manager –incomplete forms will not be accepted)**

Full name and all aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Scars: \_\_\_\_\_

Tattoos: \_\_\_\_\_ Other noticeable physical characteristics: \_\_\_\_\_

**(A recent photograph of yourself must be attached).**

I certify that the information that I have provided above is true and accurate. I request to remove myself from Nassau Regional Off-Track Betting Corporation's Voluntary Exclusion Program. I wish to revoke my previous request for self-exclusion and to acknowledge that I wish to be allowed in all Nassau Regional Off-track Betting locations, including Fast Track locations, and that if I so wish, I may reapply for a wagering account at Nassau Regional Off-Track Betting Corporation. I am aware that my signature below constitutes a revocation of my previous request for self-exclusion, and I authorize Nassau Regional Off-Track Betting Corporation to reinstate my wagering privileges at their facilities. I further understand that this reinstatement shall take effect upon the 7<sup>th</sup> day of the receipt of this form by Nassau Regional Off-Track Betting Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **WITNESS:**

I, \_\_\_\_\_, having been designated by NROTB to accept such application, do hereby state that I have compared the signature of \_\_\_\_\_ on this application to his/her photographic identification credentials and said signature appears to agree. His/her signature appears to agree with that contained on hi or her previously filed identification credentials. Additionally, the photograph or physical description of the person on said credentials appears to agree with his or her actual appearance or identification credentials.

\_\_\_\_\_  
Print name (Branch, Shift, or Assistant Manager)

\_\_\_\_\_  
Branch Location

\_\_\_\_\_  
Signature (Branch, Shift, or Assistant Manager)

#### **(ONLY A BRANCH, SHIFT, OR ASSISTANT MANAGER CAN WITNESS THIS FORM)**

*The manager will mail this form in a sealed envelope via inter-office mail to Nassau Regional Off-Track Betting Corporation, Mineola Executive Office Attention: Legal Department.*

*This reinstatement shall take effect upon the 7<sup>th</sup> day of the receipt of this form by Nassau Regional Off-Track Betting Corporation. You will be notified in writing of its receipt.*