

Oaks Card Club Request for Privacy Information, Opt-Out or Deletion

- 1. Your full/ complete legal name: (Last, First, Middle) _____
- 2. Any Aliases or Nicknames you have used: _____
- 3. Mailing Address: _____
- 4. Residential Address if Different: _____
- 5. Phone Number: _____
- 6. Email Address: _____ (An email address will speed up communications and is needed for searching records)

7. Please describe the type of personal information you provided us with the services you used and the approximate dates and times.

Cash Advances ATM I showed my identification for age verification
 I won a jackpot or promotion I used check cashing I participated in a survey I visited the website I provided my personal information for a transaction

Other/ Dates & Circumstances: _____

8. (Please check all that apply) I want to: know what personal information you have about me, request a copy of the information you have about me, request to opt-out of data collection; have my personal information deleted, subject to the authorized exceptions in the privacy policy.

I understand that I may have to provide additional information to Oaks Card Club for them to verify my identity, such as a copy of my legally valid and unexpired government-issued photo id. I understand that if I do not provide adequate information for the casino to use to verify identity and retrieve personal information, there may be a delay in the casino's response.

Date: _____ Signature: _____

Turn In at The Casino Cage, or by First Class Mail to: Oaks Card Club, Marketing Department
Attn: Privacy Policy 4097 San Pablo Ave, Emeryville, CA 94608