

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. (If applicable) _____ I am an authorized agent of the person listed in paragraph 1 and am making this request, and have completed or presented this form, on his or her behalf. I agree to supply the Casino with written proof of my authority signed by the person listed in paragraph 1, which can be verified by the Casino prior to the Casino's response. The information on this form pertains to the person listed in section 1, and where this form uses "You" or "I" it refers to that person.

My Name is: _____

8. In what capacity have you engaged with the Casino (check all that apply) ___ website user, ___ customer, ___ service provider, ___ employee, ___ other (please describe) _____

9. Please describe the type of personal information you provided us with the services you used and the approximate dates and times. (check all that apply)

___ 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 (describe):

Dates & Circumstances. This will help us identify the information. _____

10. (Please check all that apply) I want to: ___ know what personal information you have about me and whether the personal information collected is being sold or shared with third parties, ___ request a copy of the information you have about me in a manner readily-usable format that can be transferred to another service, ___ opt out of data collection; ___ have my personal information deleted, subject to the authorized exceptions in the privacy policy; ___ correct my inaccurate personal information, ___ limit the information you have, or ___ withdraw from any promotions or incentives. For corrections or limitations, please specify your request:

I understand that the Casino will need to verify my identity using a government issued identification before releasing my personal information except where I request to opt out of sale or sharing or limit information. I understand that if I do not provide adequate information for the Casino to use to verify identity, and retrieve personal information, that there may be a delay in the Casino's response or that I may not receive a response.

Date: _____

Signature: _____

You may submit this form:

1. In person at the casino cage
2. Filling out the same form on our website www.oakscardclub.com.
3. Calling this toll-free number: 800-966-0949,
4. Emailing the form or a request to contact@oakscardclub.com or Mailing the form or a Written Request sent First Class Mail to:

Attn: Privacy Policy Administrator, 4097 San Pablo Ave, Emeryville, CA 94608.

Rev. April 4, 2023