



**REQUEST FOR ADJUSTMENT
FOR ON-LINE RETAILERS**

*This form may be completed on-line
or printed as a hard copy.*

RETAILER IDENTIFICATION		STAPLE TICKETS HERE TO TOP COPY DO NOT STAPLE THROUGH ANY NUMBERS ON TICKETS
RETAILER #: _____		
BUSINESS NAME: _____		
STREET ADDRESS: _____		
CITY, STATE, ZIP: _____		
CONTACT PERSON: _____		
ADJUSTMENT REQUESTED		
DOLLARS: \$		
TIME OF ERROR		
WEEK NO. <input style="width: 40px;" type="text"/>	DATE: <input style="width: 30px;" type="text"/> — <input style="width: 30px;" type="text"/> — <input style="width: 30px;" type="text"/>	TIME: <input style="width: 30px;" type="text"/> : <input style="width: 30px;" type="text"/> AM <input style="width: 20px;" type="text"/> PM <input style="width: 20px;" type="text"/>
RETAILER'S STATEMENT		
FOR LOTTERY USE ONLY		
DISPOSITION OF REQUEST:		
This request for adjustment for \$ _____ has been		
<input type="checkbox"/> APPROVED FOR \$ _____ (5% commission excluded)		
<input type="checkbox"/> DENIED		
Explanation:		
Processed by: _____	Date: _____	Approved by: _____
		Date: _____

WHEN COMPLETED, print the form and attach the necessary documentation. Please keep a copy for your records.