



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
GAMING COMMISSION

POKAGON BAND GAMING COMMISSION

VOLUNTARY EXCLUSION REINSTATEMENT REQUEST

Any person completing their first (1st) Voluntary Exclusion must wait at least two (2) years before they may request Exclusion Reinstatement. Any second (2nd) or subsequent Voluntary Exclusion is for life and the person is not eligible for Exclusion Reinstatement.

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ PHONE: () _____

EMAIL ADDRESS: _____ (To send confirmation email of Request submission)

MAILING ADDRESS: _____ CITY: _____ STATE, ZIP: _____

MAILING ADDRESS AT TIME OF EXCLUSION (if different from above): **N/A**

HOUSE # & STREET: _____ CITY: _____ STATE, ZIP: _____

I, the undersigned individual, submit to the Pokagon Band Gaming Commission ("PBGC") this **Voluntary Exclusion Reinstatement Request** seeking to have my name removed from the list of excluded individuals. I understand submission of this Request does not constitute permission to enter onto any Four Winds Casino property, and I cannot enter onto any such property unless and until I receive communication from the PBGC stating otherwise.

SIGNATURE:

DATE:

Please complete, sign, and submit this form via email, fax, or USPS:

Email: gc.investigators@pokagonband-nsn.gov

Fax: (269) 926-5471

Address: Pokagon Band Gaming Commission
ATTN: Reinstatements
10528 Maudlin Rd
New Buffalo, MI 49117