

STOLEN/DESTROYED TICKET REPORT

AND STATEMENT OF RETAILER



REGIONAL MANAGER _____ SECURITY REPORT NO. _____

AGENT'S NAME _____ DATE _____

BUSINESS ADDRESS _____ TIME _____

_____ FIELD REP. _____

CONTACT PERSON _____ RETAILER NO. _____

DATE OF THEFT OR DESTRUCTION _____ PHONE (_____) _____ - _____

POLICE OR FIRE DEPARTMENT NOTIFIED _____

TYPE OF THEFT _____

LOCATION OF TICKETS AT TIME OF THEFT OR DESTRUCTION _____

DRAWING DATE _____ PREVIOUS THEFT OF TICKETS _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

LOT& SERIES _____ SEQ. #'S _____ TO _____

I understand that as an agent, I am solely responsible for the safety and security of all tickets consigned to me. I further understand that I remain liable to pay the sale price of tickets which I have reported as stolen or destroyed; unless I am notified by the Director of his determination, following an investigation, that I am relieved of my obligation to pay for some or all of the tickets which I have reported as stolen or destroyed.

Further, I am required to file with the Ohio Lottery Office of Security, the appropriate police/fire department report within 30 days of filing this report. Failure to do so will result in credit denial for tickets reported herein.

I, the undersigned agent, do certify that the information stated herein is true and accurate to the best of my knowledge.

STATE OF OHIO, COUNTY OF: _____ SWORN TO AND SUBSCRIBED ON: _____

SEAL

County of: _____ State of Ohio

Signature: _____ My Commission Expires: _____