

## Mohegan Sun Pocono (“Mohegan”) Personal Information Request Form

Please complete this form and mail to:  
Downs Racing L.P.  
ATTN: Legal Department  
1280 Highway 315  
Wilkes-Barre, Pennsylvania 18702

Please check the applicable box	Personal Information Request
<input type="checkbox"/>	Disclose the categories of Personal Information that Mohegan currently retains about me.
<input type="checkbox"/>	Disclose the specific pieces of Personal Information that Mohegan currently retains about me.
<input type="checkbox"/>	Delete my Personal Information.

**Verification.** Any of the following pieces of information may be provided below to fulfill your request: full name, address, email address, account username and password, phone number, birthday, Momentum PIN. If you are only requesting the disclosure of the categories of Personal Information Mohegan retains about you, only two (2) pieces of information must be provided. For all other requests, three (3) pieces of information are required.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

We reserve the right to ask for additional pieces of information to fulfill your request.

I declare under penalty of perjury that **I am the consumer whose personal information is the subject of this request** and whose information is contained within it.

Printed Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Age: \_\_\_\_\_

**How would you like to receive the information you have requested:**

- Email  
 Mail

**Please provide the address where we should send the requested information:**

Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_

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If you are making this request on behalf of someone else as their agent, provide the following information:

I declare under penalty of perjury that **I am the authorized agent of the person whose personal information is the subject of this request.** A notarized statement containing my signature and the signature of the person I represent is attached to confirm my authority to make this request.

Agent Printed Name and Company: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Age of Consumer: \_\_\_\_\_