



GEORGIA LOTTERY CORPORATION
REQUEST FOR ADJUSTMENT

Document Number

Complete this form and mail to the Georgia Lottery Corporation. Please retain a copy for your records.

Georgia Lottery Corporation
Retailer Services Department
P.O Box 56487
Atlanta, GA 30343-0487

If your request is approved, an adjustment will appear on your invoice.

ALL REQUESTS FOR ADJUSTMENT MUST BE RECEIVED WITHIN 30 DAYS OF THE DATE THE INCIDENT OCCURED. INCOMPLETE ADJUSTMENT FORMS WILL BE DENIED.

ATTACH HERE

Attach all tickets, reprints, sign-ons and receipts required to receive credit for terminal errors or ticket problems.

Business Name

Retailer Number

Business Address (*Street, city and zip code*)

Phone Number

Enter the amount you believe the lottery owes you along with the SPECIFIC date and SPECIFIC time incident occurred.

Dollar amount (without \$ symbol)

Date error occurred (*month, day, year*)

Time error occurred

Hour: Min: ☐ AM ☐ PM

Retailer's statement (*Use this space to provide detailed explanation.*)

WERE THE MISPRINTED WAGERS RE-RUN FOR PLAYER?

☐ YES ☐ NO

Your name (*Please print*)

sign
here

Date

FOR LOTTERY USE ONLY

Disposition of request

- ☐ This request for adjustment has been approved for \$ _____ and will show on your invoice as credit less commission.
☐ This request for adjustment has been denied; see explanation below.

☐ 5% / 10% Instant ☐ 7% C3 ☐ 5% C4 - F5 - MM - WFL ☐ Service Fee

Completed by: _____ Date _____ Approved by: _____ Date _____