



WASHINGTON'S LOTTERY WINNER CLAIM FORM

INSTRUCTIONS TO CLAIMANT

1. Sign back of ticket(s)
2. Complete information below
3. Staple ticket(s) to claim form
4. Retain a copy for your records
5. Mail form with ticket(s) attached to:

WASHINGTON'S LOTTERY
P.O. BOX 43050
OLYMPIA WA 98504-3050

NOTE: Registered, or certified mail is recommended. (Lottery is not responsible for Claim until received at Lottery Headquarters.)

To claim in person, there are regional offices located throughout the state for your convenience. (Do not mail claim forms or send tickets to regional offices.)

Everett (425) 356-2902
Federal Way (253) 661-5050
Olympia (headquarters) (360) 664-4720

Spokane (509) 921-2337
Vancouver (360) 576-6084
Yakima (509) 575-2252

STAPLE TICKET(S) HERE

SIGN BACK OF TICKET(S)

PLEASE DO NOT STAPLE THROUGH ANY NUMBERS
OR
PLAY SPOTS ON TICKETS

SOCIAL SECURITY NUMBER

BIRTHDATE

SEX

WINNER NAME (Last, First, Middle)

MAILING ADDRESS

CITY

STATE

ZIP CODE

FOREIGN COUNTRY

TELEPHONE NUMBER

SCRATCH GAMES ONLY

NUMBER ON FACE OF TICKET UNDER LATEX

OPTIONAL

DRAW GAMES

NUMBER ON FACE OF TICKET BELOW TERMINAL NUMBER

OPTIONAL

PRIZE CLAIMED:

Are you a Lottery Retailer? yes no

Are you employed by a Lottery retailer? yes no

Are you related to a Lottery retailer? yes no

I DECLARE THAT THE NAME, ADDRESS, AND SOCIAL SECURITY NUMBER (TAXPAYER IDENTIFICATION NUMBER) WHICH I HAVE FURNISHED CORRECTLY IDENTIFIES ME AS THE CLAIMANT OF THIS PRIZE, AND THE TICKET(S) ATTACHED TO THIS CLAIM HAS/HAVE NOT BEEN ALTERED, FORGED OR COUNTERFEITED. FURTHER, I AGREE TO ABIDE BY ALL RULES OF WASHINGTON'S LOTTERY PERTAINING TO PAYMENT OF THIS PRIZE, WITH THE UNDERSTANDING THAT THE NAME, CITY AND PRIZE AMOUNT ARE SUBJECT TO PUBLIC DISCLOSURE LAWS.

CLAIMANT'S SIGNATURE

DATE