

Detach pink copy and keep for your records.

Return white copy, still attached to stub, in envelope supplied.

CONNECTICUT LOTTERY CORPORATION RETAILER ADJUSTMENT REQUEST FORM

C- 144436

Please complete this form to request reimbursement for any terminal problems or situations resulting in mutilated or non-printed tickets. **You should include as much concise and detailed information as possible by completing every relevant section. The more information you provide for us, the more efficiently we can respond to your request.**

The Lottery reserves the right to reject or return your request for incomplete or untimely information. **IMPORTANT** – Do not mail the adjustment form until all drawings on the ticket have been completed. After all drawings are completed, mail the form to the Lottery so that it will be received no later than 60 days after the final drawing on the ticket has occurred. While we make every effort to render timely decisions, some requests require considerable research. You may check the status of your request by calling the Lottery's Retailer Services Department at 1-800-842-5688 and Press #2. Approved adjustments will be applied to your weekly invoice.

PLEASE PRINT OR TYPE LEGIBLY

Retailer Number	Town	Business Name		
Date of Incident: (DD/MM/YY)		Time of Incident:		Amount Requested
/ /		: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		\$
If the terminal malfunctioned, EXACTLY what error messages appeared on the display screen?				
If the terminal malfunctioned, EXACTLY what were you doing BEFORE the problem occurred? (What kind of transaction were you performing? What keys were you using? Were you using a bet slip?)				
If the terminal malfunctioned, EXACTLY what did you do AFTER the problem occurred?				
If you have any additional comments which may assist us in deciding this case, please make them here. (Remember to ATTACH ANY MISPRINTED or MUTILATED TICKETS if necessary).				
I hereby affirm that the statements in this form are complete and truthful to the best of my knowledge.				
Retailer's Signature		Today's Date		
Mail the white copy to the LOTTERY RETAILER SERVICES DEPARTMENT 301 Hammer Mill Rd, Rocky Hill, CT 06067. Retain the bottom pink copy for your records.				

Staple ticket(s) here

LOTTERY COPY