



SPORTS GAMING CLAIM FOR

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-	MAXIMUM WINNING AMOUNT	WAG	ER AM	OUN	Т	ı	PROF	PRIE	TOR	NAME			EVE	NT D	ATE		R	ETAIL	ER N	UMBE	₽R
SP	ORTS GAMING TICKET																				
BE	T TICKET CONTROL NUMBER																				_

CLAIMANT SECTION - PLEASE PRINT CLEARLY

The information requested on this Claim Form will be used to validate and process your claim in accordance with Ohio Lottery Commission Rules and Regulations and the Revised Code, and to comply with federal tax requirements. Failure to provide the information requested will delay the processing of your claim. Except for your social security number, the information on this Claim Form may also constitute a public record pursuant to Revised Code section 149.43.

INSTRUCTIONS: Sign your name and print your name on the back of the ticket. Complete items 1 through 12 below. Sign this Claim Form, and if the prize amount is \$600 or greater, then also affirm that you either are, or are not, in default of a child/spousal support order. Be sure to include the original ticket. Keep a copy of all documentation of this claim for your records. SEE BACK FOR MORE DETAILS.

1.					
LAST NAME (PRINT)		FIRST NA	ME (PRINT)		MI
2.					
ADDRESS (CANNOT USE P.O. BOX)					
3.		4.	5.	6.	
CITY		STATE	ZIP CODE	SO	CIAL SECURITY NUMBER
7.	8.			9.	
EMAIL ADDRESS	ARE	A CODE AND F	HONE NUMBER	DATE OF BIRT	H (MM/DD/YYYY)
10. Are you a Lottery Retailer? YES NO	11. Are you employed by	a Lottery Reta	YES NO lailer?	12. Are you related to a	Lottery Retailer?
13. If YES to any of the above, provide the fo	ollowing - Retailer Name:			Retailer Number:	
CERTIFICATION I hereby certify that all information provided by unlawfully obtained, made, altered, forged or the Lottery for commercial purposes without n	counterfeited. I understand th				

W-9 CERTIFICATION

I hereby certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding; and (3) I am a U.S. Citizen (including U.S. Resident Alien).

AFFIRMATION

If the prize amount claimed is \$600 or greater I further affirm the following:

I am / am not (circle one) in default of an administrative or court order in Ohio requiring the payment of child or spousal support (Knowingly making a false affirmation regarding default under a child or spousal support order is a criminal offense under Revised Code section 3770.99(B)).

CLAIMANT SIGNATURE	DATE

CASHING LOCATION USE ONLY

AUTHORIZATION NUMBER LOCATION NUMBER PRIZE AMOUNT PHOTO ID

RETAILER CLAIM PROCESSING INFORMATION

AFTER VALIDATING A WINNING TICKET, ATTACH THE ORIGINAL TICKET TO THE CLAIM FORM AND GIVE ALL DOCUMENTS TO THE CLAIMANT.

RECEIPT TYPES AND PAYMENT OPTIONS

- Prize amounts of less than \$600 are the responsibility of the Sports Bet Ohio retailer for payment.
- Prize amounts that are greater than \$600 can be dropped-off at an Ohio Lottery regional office
 or sent via mail to the Lottery central office following the check payment procedures below.

I. CASHING LOCATIONS METHOD OF PAYMENT

Requires presenting a completed Claim Form and original ticket to an authorized cashing location for drop-off. Proper identification is required. A valid photo identification (for example, a driver's license) containing the ticket holder's current address will fulfill this requirement.

II. CASHING LOCATIONS PROCEDURES

Claimant signs the original ticket and presents it to an authorized cashing location for payment along with a filled out Claim Form.

III. CHECK PAYMENT METHOD

Check will be processed **within** 30 business days, free of charge, unless circumstances such as payment of child or spousal support, State debt or incomplete information require additional processing time. This mail-in or regional payment method is required for prize amounts over \$600.

CHECK PAYMENT INSTRUCTIONS

- Claimant will present a signed original ticket to a Sports Bet Ohio retailer for validation.
- 2. The Sports Bet Ohio Retailer will give the claimant the original ticket.
- 3. The Claim Form must be completed and signed, regardless of state/county residence.
- 4. Mail the Claim Form and original tickets to:

The Ohio Lottery – Room 452 615 West Superior Avenue Cleveland, Ohio 44113-1879

If you send by mail, keep a copy of the Claim Form and original ticket for your records.

VALIDATION

All tickets have limited validation periods established by the Ohio Lottery. Present rules call for tickets to be cashed within 180 days of the completion of the sports gaming event on the ticket. For tickets with multiple events, the date of the last event will apply.

OHIO LOTTERY

REGIONAL OFFICES:

Cleveland

1100 Resource Drive Brooklyn Heights, OH 44131 216-774-5671

Toledo

315 Arco Drive Toledo, OH 43607 1-800-589-6442

Dayton

7462 Webster Street Dayton, OH 45414 1-800-589-6463

Cincinnati

10840 Kenwood Road Cincinnati, OH 45242 1-800-589-9882

Columbus

780 Morrison Road Columbus, OH 43230 1-800-589-6445

Athens

190 West Union St. Suite 101 Athens, OH 45701 1-800-589-6466

Akron-Canton

5926 Mayfair Road North Canton, OH 44720 1-800-589-6467

Youngstown

242 Federal Plaza West Youngstown, OH 44503 1-800-589-6468

Lorain

300 West Erie & Broadway Lorain, OH 44052 1-800-589-6469

THE OHIO LOTTERY IS NOT RESPONSIBLE FOR LOST MAIL

Claimant may also validate the ticket and complete Claim Form at any of the Ohio Lottery's Regional Offices

https://sportsbetohio.us • SPORTS BET OHIO CUSTOMER SERVICE: 1-833-515-0578 www.ohiolottery.com • CUSTOMER SERVICE: 1-800-686-4208