

Petition for Removal From Self Exclusion

Name: _____
Last, First & Middle (Include Sr., Jr., etc. if applicable)

Home Address: _____
Number and Street Apt

City, State and Zip Code _____

Phone Number: _____
Contact Phone #1 Contact Phone #2

Social Security Number: _____

Date of Birth: _____

Gender: _____

Please list your reason for petitioning to be removed from the Self-Exclusion list

Signature: _____ Date: _____

DO NOT WRITE BELOW-----FOR NMGCB PERSONNEL USE ONLY

Exclusion # _____ Date of original exclusion _____

Term Requested _____