RETAILER #	BUSINESS NAME	Ē			DATE
MICHIGAN LOTTERY ADJUSTMENT REQUEST					
 PF DA 	TERMINAL TO PRO	CESS. ALL / CUMENTS N EST CONFIR LAY	ADJUSTMENT REQU MUST BE SUBMITTE MATION SLIP	JESTS ARE SUBJE	CT TO LOTTERY
SEND TO: MICHIGAN I RETAILER SE PO BOX 300 LANSING, M	RVICES 23		E CALL TO REPORT / D CODE # HERE:	ALL TERMINAL M	IALFUNCTIONS AND
REQUESTED AMOUNT:	\$		GAME TYPE:		
EXPLANATION OF PROBLE					
NAME OF CONTACT AT LOCATION					
CREDIT WILL NOT BE GIVEN FOR EXPIRED TICKETS OR TICKETS WITH EXPOSED VALIDATION CODES					
SUBMITTED TICKETS WILL NOT BE RETURNED					
REMEMBER: THE LOTTER SELECTED ON THE CONFIF TERMINAL OPERATORS AF	MATION SCREEN,	THE RETAIL	ER IS RESPONSIBLE	FOR THE WAGE	R. PLEASE BE SURE ALL
IT IS RECOMMENDED THAT RETAILERS COLLECT THE MONEY FOR ALL WAGERS OVER \$20.00 BEFORE PRINTING THE TICKETS.					
THIS FORM MAY BE COPI	ED FOR MULTIPL	E USE.			COMPLETION: Mandatory PENALTY: TBD

Authority: Act 239 of the Public Acts of 1972, as amended.