W2G Request to Resend

I, request a statement of my W2G's for
(year) from Presque Isle Downs & Casino to be sent to the below address. I havattached a copy of my driver's license and social security card.
Address:
City:
State:
Zip:
Printed Name:
Signature:
Date:
Remit to:
Presque Isle Downs & Casino Attn: Revenue Audit PO Box 10728 Erie, PA 16514 FAX: 814-860-3390
Please allow two weeks upon our receipt to process your request.
Verify/Include ALL information below.
□ SSN
DL
☐ Birthday/
PID Representative:
Representative Signature: