## REQUEST FOR REMOVAL FROM THE EXCLUSION LIST

**Directions:** To request a review of your exclusion file, you will need to return this form, completed in full to the contact information at the bottom of the page. Your request should include genuine, compelling reasons why the GRA Board should overturn a previous finding. The process does not begin until the GRA office receives your *legible* request. **Note:** You are strongly encouraged to attend the hearing your request will initiate. Appearing at the hearing is in your best interest and is the most effective means to communicate with the GRA Board. Pursuant to DGR 6 (X) (1): A person placed on the Exclusion List may submit a written petition for reinstatement to the GRA Board no more than once per year.

First Name	Middle Name	Last Name
Phone Number	Date	Email Address
Current Mailing Address: _		
S	treet/P.O. Box, City, State	e, Zip Code I letter stating your scheduled hearing date and time)
Reasons and request for re	emoval:	
our signature here:		
Self-excluded individuals o	nly: Property Key Resource	Managers (KRM) are required to review your file for red flag
•	•	on to be shared with the KRM?
(Note: "No" answers cannot b	pe processed.)	Yes / No

**GRA Licensing Department:** 

777 Lady Luck Dr. Hinckley, MN 55037 Text or Call: 320-384-4811 Fax: 320-384-4813, Cell: 651-492-3557

tkozumplik@grcasinos.com

Date received: