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, by clicking the "Submit" button at the bottom of the page. Alternatively, you can print this form and send it to the GRA contact information below. Your request should include genuine, compelling reasons why the GRA Board should overturn a previous finding. The process does not begin until this office receives your *complete and legible* request. Note: You are strongly recommended 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: | | | |
| | Street/P.O. Box, City, State, | Zip Code | |
| Reasons and request for | removal: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Your signature here: | | | |
| | | anagers (KRPM) are required to | review your file for red flag |
| | allow your contact information | | |
| (Note : "No" answers cannot | · | | 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: