



WINNER INSTRUCTIONS/CLAIM FORM

- 1. Sign the back of your ticket.
2. Complete and deliver the following form, together with the original winning ticket and your government-issued ID to either of the following Arizona Lottery locations:

4740 E. University Dr., Phoenix, AZ 85034
Sky Harbor – Terminal 4 Baggage claim, Phoenix, AZ 85034
2955 E. Grant Rd., Tucson, AZ 85716
3396 Stockton Hill Rd., Kingman, AZ 86409

Or mail your ticket, claim form, and a copy of your government-issued ID to the Arizona Lottery at:

P.O. Box 2913, Phoenix, AZ 85062-2913

- 3. In this form, a "Related Person" is defined as a person ineligible to receive prizes under A.R.S. § 5-567: an officer or employee of the Lottery; an officer or employee of any person contracting with the Lottery to supply gaming equipment or Lottery tickets, advertising or consulting services or to draw or otherwise select winning tickets or shares if the officer or employee is involved in the direct provision of goods or services to the Lottery or has access to information made confidential by the Lottery; and any spouse, child, sibling, or parent residing as a member of the same household in the principal place of residence of a person described above.
4. Questions? Contact us at 480-921-4400 or visit ArizonaLottery.com

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ SSN _____

U.S. CITIZEN/RESIDENT ALIEN [] NON-RESIDENT ALIEN []

I AM AN ARIZONA LOTTERY RETAILER OR AN EMPLOYEE OF A RETAILER THAT SELLS LOTTERY PRODUCTS: YES [] NO []

Prize Amount \$ _____

Under penalty of perjury, I certify and declare by my signature below that:

- I am at least 21 years of age;
• I understand that a person who, with intent to defraud, falsely makes, alters, forges or counterfeits a State Lottery ticket can be charged with a felony punishable by imprisonment;
• I am not a Related Person, as defined above;
• I understand that my name is public record and may be released, if requested, after 90 days unless I qualify and elect for permanent confidentiality.
• I understand that, under A.R.S. § 5-573, my prize information will be reported by my social security number to the Arizona Department of Economic Security and that my prize may be used to offset any child support or State of Arizona debt owed by me; and
• I understand that my taxpayer ID must be provided for tax reporting purposes under 26 U.S.C. § 6109; and I have provided my correct name, address and taxpayer ID number, as the recipient of this prize.

Claimant's Signature: _____ Date _____