

## Claim Review Request

*Keno Act 1996 (s.152(2))*

I, \_\_\_\_\_ hereby request the chief executive to:  
(Full Name)

\*a) review the decision of my claim against the; or

\*b) resolve my claim against the

\_\_\_\_\_ as detailed below.  
(Name of Licensee)

### Claimant Details

\*Residential/Business Address \_\_\_\_\_

Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Mob) \_\_\_\_\_

### Gaming Details – Keno Type

spot wager                       way wager                       heads, tails and evens wager

kwikpik wager                       setback wager                       lucky last wager

Gaming Draw Number: \_\_\_\_\_

Amount of Claim: \_\_\_\_\_ Date of Draw: \_\_\_\_\_

Claim Result Notice Received:      \* Yes/No

Date Claim Result Notice Received: \_\_\_\_\_

*\*Delete whichever is not applicable*

### Claim Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Particulars of claim may be given on a separate attachment if space is insufficient. Please attach all documents supporting claim (e.g. copy of tickets if applicable.) All attachments must be signed and dated.

**Signature of Claimant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This request is required to be submitted to the Executive Director, Queensland Office of Gaming Regulation, Locked Bag 180, City East, Brisbane 4002, within 10 days of receiving the Claim Result Notice.