



**RETAILER
REQUEST FOR
ADJUSTMENT**

RETAILER NUMBER

RETAILER NAME

RETAILER ADDRESS

CITY, ZIP

CONTACT PERSON (PRINT FIRST AND LAST NAME)

Game type	Amount
Powerball®	\$
Mega Millions®	\$
Pick™	\$
Fantasy 5™	\$
Pick3™	\$
Fast Play	\$
Triple Twist	\$
Other	\$

Number of Tickets Attached _____

Adjustment Amount Requested \$ _____

OTHER: PROVIDE AN EXPLANATION OF THE PROBLEM AND ATTACH TO THIS FORM, ALONG WITH SUPPORTING DOCUMENTATION

Draw Games and Scratchers need to be written on separate forms

SCRATCHERS®	\$
--------------------	----

Attach Scratcher ticket(s) if unable to process through WAVE terminal

Number of Tickets Attached _____

Adjustment Amount Requested \$ _____

Rep Name/Area _____
Date of Pick up _____
Supervisor _____
Date Received _____

Arizona Lottery Use Only:

Approved Date _____
Approved Amount \$ _____
Entered By _____
Supervisor Review _____

Denied Date _____
Denied By _____

Investigator _____

Scratchers Receipt

Game-Pack*	Missing	Unissued

***Packs have no financial liability**

ADDITIONAL REMARKS:

STAPLE DOCUMENTATION HERE