



**SOUTH DAKOTA
LOTTERY**

REQUEST FOR ADJUSTMENT

FOR ON-LINE RETAILERS

*This form may be completed on-line
or printed as a hard copy.*

RETAILER IDENTIFICATION		STAPLE TICKETS HERE TO TOP COPY DO NOT STAPLE THROUGH ANY NUMBERS ON TICKETS
RETAILER #: _____		
BUSINESS NAME: _____		
STREET ADDRESS: _____		
CITY, STATE, ZIP: _____		
CONTACT PERSON: _____		
ADJUSTMENT REQUESTED		
DOLLARS: \$	_____	
TIME OF ERROR		
WEEK NO. <input type="text"/>	DATE: <input type="text"/> — <input type="text"/> — <input type="text"/>	TIME: <input type="text"/> : <input type="text"/> AM <input type="text"/> PM <input type="text"/>
RETAILER'S STATEMENT		
FOR LOTTERY USE ONLY		
DISPOSITION OF REQUEST:		
This request for adjustment for \$ _____ has been		
<input type="checkbox"/> APPROVED FOR \$ _____ (5% commission excluded)		
<input type="checkbox"/> DENIED		
Explanation:		
Processed by: _____	Date: _____	Approved by: _____
		Date: _____

WHEN COMPLETED, print the form and attach the necessary documentation. Please keep a copy for your records.