INSTRUCTIONS

- 1. Complete and sign the back of the ticket(s).
- 2. Complete this form. Sign and date on the Claimant's Signature line.
- 3. Present the signed ticket and signed claim form within 180 days of the draw date to the North Dakota Lottery's office:

Monday - Friday 8 a.m. - 4 p.m. (excluding state holidays) 1720 Burlington Drive Suite C, Bismarck ND, 58504-7736

OR mail to:

North Dakota Lottery PO Box 204 Bismarck ND 58502-0204

If the prize is being claimed by more than one person, please call (701) 328-1574 or go to www.lottery.nd.gov for instructions.

PLEASE PRINT						
Claimant Name						
Mailing Address (Include Apt. Nu	ımber)					
City			State	ZIP Code		
Social Security Number (REQUII	RED if prize is \$600 or more)	Daytime Telephone Number	Date of	Date of Birth		
J.S. Citizen? Yes No (If no, provide a	copy of proof of lawful admission to the		Are You an Employee or Owner of a Lottery Retailer? Yes No			
May the Lottery Disclose Your Na ☐ Yes ☐ No	ame to the Press and/or Public?					
cket, and any prize payment delassociation, the Association's programment of egarding the ticket or payment of estroyed, issued in error, illegible in compliance with the Federal Po North Dakota Century Code set the individual's social security notaliure to provide information will authorize the North Dakota Lotter awful admission into the U.S. to	terminations relating to the ticket, are beduct groups, and their officers, emplif a prize, and are not responsible or le, or mutilated. Privacy Act of 1974, the disclosure of ections 53-12.1-08, 53-12.1-12, and limber is used for income tax withhout delay payment of a prize. Privacy Act of 1974, the disclosure of ections 53-12.1-08, 53-12.1-12, and limber is used for income tax withhout delay payment of a prize.	accept the decision of the North Dakota and to release the state, North Dakota Lot oloyees, agents, representatives, and confliable for paying a prize related to a tick of the individual's social security number of 57-38-59.2 and North Dakota Administral liding and reporting, debt setoff, and verified, including my name, date of birth, so security. I authorize the U.S. Departmenth Dakota Lottery.	tery, Multi-Sta ntractors from ket that is exp on this form is ative Code se fication of imr	ate Lottery an any liability ired, damaged, mandatory pursuant ction 10-16-03-08. nigration status.	t	
ignature			Date		_	
State of	County of					
Signed and sworn to (or affirmed) before me this	Date					
Name(s) of Individual(s) Making Statement		Affix Notary Stamp				
ignature of Notary Public or Oth	er Authorized Officer					
Commission Expiration Date						