



# TEXAS LOTTERY RETAILER REQUEST FOR ADJUSTMENT

TLC PUB #13012  
(10/14)

After you have completed this form, tear off the yellow copy for your records and mail the original and the attachments to the Texas Lottery Commission.

Texas Lottery Commission  
Attn: Retailer Services  
P.O. Box 16660  
Austin TX 78761-6660

If your request is approved, an adjustment will appear on your invoice.

## ATTACH HERE

**Attach all tickets, reprints, sign-ons and receipts required to receive credit for terminal errors or ticket problems.**

Business Name

Retailer Number

\_\_\_\_\_

Business Address (Street, City and Zip Code)

Business Phone (Area Code and Number)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Enter the amount of your refund request. Please include the date and time the ticket was printed.

Dollar Amount

Date Error Occurred (MM, DD, YYYY)

Invoice Date (MM, DD, YYYY)

Time Error Occurred

\$ \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

a.m.  
p.m.

Retailer's Statement (Use this space to provide detailed explanation.)

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

Your Name (Please Print)

**sign  
here** ▶

Date

### FOR LOTTERY USE ONLY

Disposition of Request

This request for adjustment has been approved for \$ \_\_\_\_\_

This request for adjustment has been denied; see explanation below.

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

Initial \_\_\_\_\_ Date \_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_