CG-DTL, INVENTORY DESTRUCTION, THEFT, OR LOSS State Form 53650 (R4 / 10-22) INDIANA GAMING COMMISSION

An organization may dispose of any unused bingo supplies, punchboards, pull tabs, tip boards or any other licensed supplies specified by the

For office use only	
Reviewed by	
Date Reviewed	
Date Completed	

Commission by shredding, burning, or other means destroyed thirty (30) days in advance of destruction. organization must notify the Commission of such lo	If an organization has lost	any lice					
1. Organization legal name			2. Doing Business As (DBA)				
3. Federal Identification Number (FID/EIN)			4. Charity Gaming (CG) license number				
5. Address of principal office (number and street re	equired)	6. City	y	7. State	8. ZIP Code	9. County	
10. Mailing address (if different)		11. Cit	ty	12.State	13. ZIP Code	14. County	
15. Organization daytime phone number ()	16. Fax number	Fax number 17. Organization email address)		lress			
18. Contact person's name	19. Contact person's to	19. Contact person's telephone number () 20. Contact person's email address			address		
21. Date items will be destroyed or were lost or stolen (month, day, year)		22	22. Reason for destruction				
23. Quantity of boxes, boards, packets, etc. to be destroyed		24	24. Gross income of items in question				
CERTIFICATION: We certify under the penalties understand that providing false information may lea status, a civil penalty, or other sanction as determined	d to the revocation of or der	nial of ch	aritable gaming li	icense(s), te			
Signature of Presiding Officer		S	Signature of Secretary				
Printed Name and Title		I	Printed Name				
Date (month, day, year)	Daytime telephone number (r: I	Date (month, day, year) Daytime telephone nun ()		one number:		
25. Description of items lost/stolen or to be destroyed. (Attach additional sheets if needed)	26. Serial numbers of all items be destroyed.		lost/stolen or to	27. Trade name of items to be destroyed lost or stolen.		be destroyed,	
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25. Description of items lost/stolen or those to be destroyed. (attach additional sheets if needed)	26. Serial numbers of all items lost/stolen or to be destroyed.		27. Trade name of items to be destroyed, lost or stolen.					
28. Was an insurance claim filed?	29. Was a police report filed? ☐ Yes ☐ No (If yes, provide copy of police or fire department reports)							
30. Destruction of unused licensed supplies must be certified by one (1) officer of the qualified organization. The Commission may require an investigator to witness the destruction.								
Name and title of witnessing officer								
31. Will a document destruction company be used? Yes No (If yes, list the name, address, date and telephone number of the company)								
Full Legal Name	Address (st	Address (street, city, and zip code) Telephone Number						

Email: <u>CharityGaming@igc.in.gov</u> Telephone: (317) 232-4646 Fax: (317) 232-0117 Page 2 of 1 CG-DTL