

**Alcohol and Gaming Commission of Ontario
Office of the Chair**

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NOTICE OF DISPUTE (FORM 1)

(Formule également disponible en français)

THE *ONTARIO LOTTERY AND GAMING CORPORATION ACT* and its regulation 198/00 as amended

BETWEEN

APPLICANT

– and –

RESPONDING PARTY

PLEASE PRINT CLEARLY

A. Applicant's Contact Information

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

If represented, provide representative's contact information.

B. Responding Party's Contact Information (Where more than one Responding Party provide contact information for all Responding Parties. Attach additional numbered pages where necessary.)

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

If represented, provide representative's contact information.

C. Lottery Ticket Information

1. Where and when was Lottery Ticket purchased?

2. Who purchased the Lottery Ticket?

3. What kind of Lottery Ticket was purchased (for example: Super 7, 649, Scratch & Win)?

4. Was the ticket purchased on behalf of a group of individuals? If so, identify all members of the group.

5. What are the winning numbers on the ticket?

6. When was the prize won?

7. How much was the prize?

8. Are you claiming the entire prize?

9. If you claim a portion of the prize, what portion do you claim?

10. Has the prize been awarded? If so, when?

11. Is there any other information you wish to add?
