Oregon State Lottery

Affidavit for Stolen Scratch-It Tickets

OAR 177-50-0037



Submit to:

Oregon State Lottery Lottery Security Section PO Box 12649 Salem, OR 97309

BEFORE THE OREGON STATE LOTTERY

AFFIDAVIT FOR STOLEN SCRATCH-IT TICKETS (OAR 177-50-0037)

STATE	OF Oregon)						
County	/ of) ss.)						
l,		, be	ing first duly sworn, do herby	depose and say:				
	(Name)							
1.	l am a		of the following Oregon Stat	e Lottery Retailer:				
	I am a of the following Oregon State Lottery Retailer: (Position) Name of Retailer:							
	Retailer ID Number:	F	Retailer Telephone Number:_					
	Retailer Address:			· · · · · · · · · · · · · · · · · · ·				
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2.	On or about, 201, the Retailer identified above was the victim of an alleged criminal act which resulted in the loss of exactly \$ in face value of Oregon State Lottery scratch-it							
	tickets.							
3.	Immediately upon the discovery of that loss, this Retailer reported the criminal act to the Oregon State Lottery							
Ο.	Security Division and to the following local law enforcement agency:							
	Name of Sheriff's Office or Police Department:							
	Address:							
	Telephone Number: Date & Time Reported:							
	Police Agency Case Number:							
		.						
4.	A true and correct copy of the crime report prepared by this law enforcement agency is attached to this affidavit.							
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5.	The scratch-it tickets stolen as a result of the reported criminal act are identified as follows:							
	Cama #	Do alv#	Tielret #e	Astiva Vas — Na —				
	Game #							
	Game #			Active: Yes \(\) No \(\)				
	Game #			Active: Yes No				
	Game #							
	Game #			Active: Yes □ No □				
	Game #			Active: Yes No				
	Game #		Ticket #s					
	Game #							
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	Game #	Pack#	Ticket #s	Active:	Yes □ No □		
	Game #	Pack#	Ticket #s	Active:	Yes □ No □		
	Game #	Pack#	Ticket #s	Active:	Yes □ No □		
	A true and correct copy of the Retailer's insurance policy covering losses and casualty that was in effect at the time of the reported criminal act is attached to this affidavit.						
	Insurance Company		Agent's name:				
	Agent Telephone # Insura			ance Claim #			
	□ Check here if Retailer is self-insured or had no casualty/loss insurance in effect at the time of the reported criminal act.						
7.	\$ of the	reported loss was not co	vered by any insuranc	e or insurance policy.			
•	<u> </u>	operiod loce was her es	volva by any modrano	o or mourance poney.	1		
	described in this sworn aff	idavit is as follows (attac	ch additional sheets if r	necessary):			
9.	The facts stated in this affi believe that the loss to thi cause other than the crimi	s Retailer, or any part of	f the loss that is repor	ted in this affidavit, re	sulted from any		
10.	I understand that this sworn affidavit is made subject to Oregon criminal penalties for false swearing. All the information contained in this sworn affidavit is true and correct. ORS 162.075 False Swearing, provides that "(1) A person commits the crime of False Swearing if the person makes a false sworn statement, knowing it to be false.						
	(§	Signature)					
	SUBSCRIBED AND SWO	RN to before me this	day of	, 201	-		
	Notary Public for Oregon My commission expires:						