

# Request to Withdraw Submission

## Washington State Gambling Commission Electronic Gambling Lab

4565 7<sup>th</sup> Ave SE  
Lacey, Washington 98503  
Phone 360-486-3504  
Fax 360-486-3627

<b>Submission #</b>
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(For EGL Purposes Only)

### Mailing Address

PO Box 42400  
Olympia, WA 98504-2400

### REQUIRED INFORMATION:

Submission Name:	
Unique Manufacturer ID:	
EGL #:	

### MUST CHECK:

I request that the Electronic Gambling Lab return or destroy submitted software, hardware and any related components and media.

Reason for Withdrawal Request
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### Contact Information:

Contact Name	Phone	Fax	Email

**Note:** To expedite the withdrawal of this submission be sure this form is filled out in its entirety.