



Louisiana Department of Revenue  
 Office of Charitable Gaming  
 P.O. Box 98502, Baton Rouge, LA 70884  
 (225) 925-1835 or (800) 562-9235 FAX (225) 219-1910

Not for Super Bingo

### Request to Change Assigned Fixed Value of Bingo Paper and Cards

Organization Name: \_\_\_\_\_, State license number G- \_\_\_\_\_,  
 hereby requests permission to change the assigned fixed values of disposable and non-disposable bingo/keno cards and bonanza sheets  
 beginning \_\_\_\_\_ as follows:

MM/DD/YY

1. **If assigned fixed value of Bingo Paper is changed prior to Office approval, the licensee will be in violation of LAC 42:I.1744.E.**
2. **All requests shall be submitted at least three (3) working days prior to the start of the session.**
3. **A \$25 check made payable to "Office of Charitable Gaming" must accompany the second and any subsequent revisions to your license.**

**Currently approved assigned fixed value of all bingo paper and cards.** All inventory not listed below will remain the same as approved by the Office. List only changes, additions, or deletions below.

| Full description of paper<br>Ex: Cut and Color : 6 on 10 C<br>Cut and Series: 6 on 10 C (1-9000)<br>Sealed Cards Bonanza 6 on 1 NC (Red) | Assigned fixed value of paper | Quantity on hand |
|--|-------------------------------|------------------|
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**Proposed assigned fixed value or bingo paper and cards.** List only changes, additions, or deletions below.

| Full description of paper<br>Ex: Cut and Color : 6 on 10 C<br>Cut and Series: 6 on 10 C (1-9000)<br>Sealed Cards Bonanza 6 on 1 NC (Red) | Assigned fixed value of paper | Quantity on hand |
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The undersigned fully understands and agrees that the proposed assigned fixed values will not be implemented until **written approval is received** by the organization from the Office of Charitable Gaming, and will be implemented **only** at the proposed dates requested above.

Signature of member requesting change \_\_\_\_\_ Telephone \_\_\_\_\_

Print name listed above \_\_\_\_\_ Position \_\_\_\_\_

Date of above request \_\_\_\_\_ Fax number \_\_\_\_\_

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|--|------------|
| <b>Do not write below this line. For office use only.</b>  |            |
| Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied / <input type="checkbox"/> Per letter of violation dated _____ |            |
| Signature of authorized personnel _____  | Date _____ |