



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

Louisiana Department of Revenue  
 Office of Charitable Gaming  
 PO Box 1631  
 Baton Rouge, LA 70821  
 Phone: 1-800-562-9235  
[www.ocg.louisiana.gov](http://www.ocg.louisiana.gov)

**Not for Super Bingo**

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.

Full description of paper Ex: Cut and Color : 6 on 10 C Cut and Series: 6 on 10 C (1-9000) Sealed Cards Bonanza 6 on 1 NC (Red)	Assigned fixed value of paper	Quantity on hand

**Proposed assigned fixed value or bingo paper and cards.** List only changes, additions, or deletions below.

Full description of paper Ex: Cut and Color : 6 on 10 C Cut and Series: 6 on 10 C (1-9000) Sealed Cards Bonanza 6 on 1 NC (Red)	Assigned fixed value of paper	Quantity on hand

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

**Do not write below this line. For office use only.**

Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied    / <input type="checkbox"/> Per letter of violation dated _____	
Signature of authorized personnel	Date