



Notice to Remove Individual or Individual Positions

FORMID 8

WHO MUST SUBMIT THIS FORM

This form must be submitted by an authorized organization to inform the Commission of a change in status for an individual currently listed on the organization's bingo record. This form may be used to remove an individual or individual position. The chairperson and business contact may not be removed using this form.

FORM SUBMISSION

For mail: Texas Lottery Commission, Charitable Bingo Operations Division, PO Box 16630, Austin, TX 78761-6630

FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our website at **txbingo.org**.

GENERAL INSTRUCTIONS

- Use black or blue ink only.
- Please type or print legibly and complete all information requested. Forms with illegible, missing, or incomplete information will not be processed.
- Either a Social Security Number or Worker Registry Number must be specified for each individual listed.
- All individuals or positions held by individuals requesting to be removed must be listed on the organization's current bingo record.
- If an officer or director is being removed, please ensure the new office holders are submitted on an *Add Individuals to a License to Conduct Bingo FORMID 2*.
- This form **MUST** have the signatures of the Bingo Chairperson and an operator of the organization

TAXPAYER INFORMATION

Organization Name	Taxpayer Number	License Number
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INDIVIDUAL(S) INFORMATION

A.
Name (LAST, FIRST, MIDDLE INITIAL)

B. OR
Social Security Number Worker Registry Number

C. Remove this individual from only the following position(s): Remove from all positions
 Director Officer Operator Authorized Representative Designated Director Designated Operator Bookkeeper

A.
Name (LAST, FIRST, MIDDLE INITIAL)

B. OR
Social Security Number Worker Registry Number

C. Remove this individual from only the following position(s): Remove from all positions
 Director Officer Operator Authorized Representative Designated Director Designated Operator Bookkeeper

A.
Name (LAST, FIRST, MIDDLE INITIAL)

B. OR
Social Security Number Worker Registry Number

C. Remove this individual from only the following position(s): Remove from all positions
 Director Officer Operator Authorized Representative Designated Director Designated Operator Bookkeeper

SIGNATURES

We request that the individual(s) and/or positions held by an individual named in this schedule be removed from our bingo license record.

sign here
Bingo Chairperson (cannot sign as Director/Officer) Print Name and Title Date

sign here
Director/Officer Print Name and Title Date