



STATE OF MAINE  
 Department of Public Safety Gambling Control Board  
**MGCB-2500 Slot Machine Activity**  
**PROJECT WORK ORDER**

**By hitting the "Submit Form" button from a saved copy, this form will be sent to Inspectors assigned to your facility and the Inspector Supervisor.**

Date \_\_\_\_\_

Tracking Number \_\_\_\_\_ Shipment Number \_\_\_\_\_  
(if applicable)

Proposed Project \_\_\_\_\_ Facility **Hollywood Casino, Bangor**

Reason for event \_\_\_\_\_

Proposed by \_\_\_\_\_

Project Start date and Time \_\_\_\_\_ Project End date and Time \_\_\_\_\_

State Inspector assigned \_\_\_\_\_

### Machine information

Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

Location \_\_\_\_\_ Asset Number \_\_\_\_\_

**Attach FBMS printout showing the time and date of each RAM clear (if applicable)**  
**Proposed Information**

Attach MGCB 2600 Slot Change Log (if applicable)

Game Name	Serial #	Payback %	Max Bet
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Current \_\_\_\_\_

Proposed \_\_\_\_\_

Proposed Machine Location \_\_\_\_\_

### Person(s) Completing Project

Tech Name, Signature and Employee # \_\_\_\_\_

State Inspector Name and Signature \_\_\_\_\_

State Inspector Supervisor Name and Signature \_\_\_\_\_

Software Verification / Tested    **YES**    **NO**    Kobetron    GAT    \_\_\_\_\_  
(State Inspector Name)

Progressive Jackpot Amounts (See page 2)

Tracking Number \_\_\_\_\_

Date \_\_\_\_\_

## Progressive Jackpot Amounts

Level 1 \_\_\_\_\_

Level 6 \_\_\_\_\_

Level 2 \_\_\_\_\_

Level 7 \_\_\_\_\_

Level 3 \_\_\_\_\_

Level 8 \_\_\_\_\_

Level 4 \_\_\_\_\_

Level 9 \_\_\_\_\_

Level 5 \_\_\_\_\_

Level 10 \_\_\_\_\_