



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

Please submit completed form to all Inspectors

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Date _____

Tracking Number _____ Shipment Number _____
(if applicable)

Proposed Project _____ Facility **Oxford Casino, Oxford**

Reason for event _____

Proposed by _____

Project Start date and Time _____ Project End date and Time _____

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 _____