



Denial of Access Declaration

Vivid Seats is dedicated to providing the best customer service in the industry. We are committed to eliminating sales of invalid tickets through our marketplace and will thoroughly investigate your claim of denied entry. For our investigation, we need you to provide the information requested below and proof from the venue that you were denied entry. Your cooperation is greatly appreciated as it helps Vivid Seats prevent future invalid ticket situations and continue offering the industry's lowest prices for event tickets.

Fax this completed form, along with all proof obtained from the venue that the tickets were invalid, to 866-203-6177. Alternately, this form and supporting documents may be emailed to support@vividseats.com.

Order Number: _____

- OR -

Event: _____ Date: _____

Section: _____ Row: _____ Seat(s): _____

Please describe in detail all facts and circumstances related to the denial of your claim, including the reason given by the venue and the substance of any comments made by the venue:

By signing this declaration, you affirm the following:

1. You did not sell or otherwise transfer the ticket(s) at issue.
2. You did not receive any money, goods, services, or other benefits related to the tickets at issue.
3. You will fully cooperate with Vivid Seats and law enforcement in investigating your claim.
4. You understand that this claim and the information you provide may be made available to third parties including federal, state, and/or local law enforcement agencies and that you understand that **KNOWINGLY MAKING ANY FALSE OR FRAUDULENT STATEMENT OR REPRESENTATION TO LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCIES MAY VIOLATE FEDERAL, STATE, OR LOCAL CRIMINAL STATUTES, AND MAY RESULT IN A FINE, IMPRISONMENT, OR BOTH.**
5. You attest that the information provided and affirmations made in this claim are true and correct.

Please sign below. Remember to include all proof of denied entry obtained from the venue when submitting.

By signing below, I affirm under the penalties of perjury that the information I provided is true and correct.

Signature: _____ Printed Name: _____

Phone #: _____ Email: _____ Date: _____