



SEAT RELOCATION FORM

To be filled out by Season Ticket Holder (required information):

Account Name: _____

Account Number: _____

E-mail: _____

You will be contacted by your Client Service Representative during the hours of 9:00 a.m.-5:00 p.m. (Monday thru Friday).

Please provide us with your preferred **daytime phone number** to reach you: _____

To request additional seats, relocation, and/or upgrade of your current Season Ticket location(s) this form must be completed, signed and returned to: The Oakland Raiders Ticket Office c/o Relocations **1220 Harbor Bay Parkway, Alameda, CA 94502** or fax to: **510-864-5025** Attn: Relocations. The relocation process will begin after the initial Season Ticket Invoice has been sent.

Relocation Policies:

1. Renew your current Season Ticket location(s) with your initial renewal payment of 25% prior to the first payment deadline, **7:00 p.m., March 2, 2012**. All participating accounts must be paid in full or committed to the renewal calendar at time of relocation. Please note requests will not be honored without first payment.
2. Each request will receive personal attention. We will not change your seat location without your consent.
3. Requests will not be accepted after the final payment deadline of **7:00 p.m., June 1, 2012**.
4. While all relocation and additional seat requests are based on availability, our Client Service Representatives are committed to accommodating every request possible. Please note due to limited availability and already renewed Season Tickets from our Holiday Deposit Program, some seat requests will not be available.
5. Upon relocation, original seats on the account will become immediately available for purchase by other Season Ticket Holders.

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

Interested in: Adding Season Tickets Relocating Season Seats Both

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

Sideline Preference:

- Raiders
- Visitors
- No Preference

Overhang Preference:

- Yes Overhang
- No Overhang
- No Preference

Aisle Preference:

- Aisle
- Middle of Row
- No Preference

Sightline Preference:

- 50-yard line
- Closer to field
- No Preference
- North or South End Zone (circle one)

If you are attempting to relocate with other Season Ticket Holders, please list their names and account numbers:

If you have additional comments or requests, use this section or attach an additional page when submitting your request.

IT IS NECESSARY TO COMPLETE A NEW REQUEST EACH YEAR TO CHANGE YOUR SEATING ASSIGNMENT

By signing below I acknowledge that I have read and agreed to the above mentioned relocation policies

Account Holder Signature: _____ Date: _____