NGC-20 (07-01-15)

NEVADA GAMING COMMISSION

RACING INFORMATION DISSEMINATORS MONTHLY REPORT

Period Covered: _____ **Filing Deadline:** _____

For Office Use Only

Account Number:		Check Number _____
Legal Name:		
Trade Name:		Batch Number _____
Address:		
City, State, Zip:		Entry Date _____
Please correct if in error		

(A) Names of Race Books Supplied	(B) Type of Service	(C) Fees Collected From User
	Page Totals	

Number of Casinos Served _____

Return to the Nevada Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS