

Commercial Lessor Rental Statement

Form BC-204

Month _____ Year _____

NYS Racing & Wagering Board
 1 Broadway Center, Suite 600
 Schenectady, NY 12305-2553

Telephone (518) 395-5400
 Fax (518) 347-1469
<http://www.racing.state.ny.us>



Commercial Lessor _____ License # _____

Name of Hall _____

Location _____

Day of Week	Name of Organization	Month Date	Rent Paid		
			Afternoon Amount	Evening Amount	Date Paid
MON	AFT				
	EVE				
TUE	AFT				
	EVE				
WED	AFT				
	EVE				
THU	AFT				
	EVE				
FRI	AFT				
	EVE				
SAT	AFT				
	EVE				
SUN	AFT				
	EVE				
Name		TOTALS			Revised October 2010
Title	Date				