

1 South Main Street, Suite 100

New City, New York 10956

Rockland County Clerk Paul Piperato

Rockland County Executive C. Scott Vanderhoef



Merchant Application Form

Please use this form to enroll your business in our "RETURN THE FAVOR" Discount Program. Be sure to include the official name of your business, it's address, hours, and discount specifications. This form must be signed by the business owner and returned to the County Clerk's Office. You will be provided with a proof of your entry and a window decal. Please be aware that merchant's reserve the right to withdraw from the program at any time.

Business Name:
Address:
Telephone #:Fax #
Email Address:
Hours of Operation:
% Discount Specifications: (check one)
10%15%20%25%other
Limitations or conditions:
Business Owner Name (print)
Signature
Date
Return this form to the Rockland County Clerk's Office:
BY MAIL: BY FAX:

QUESTIONS? Call the Rockland County Clerk's Office at (845) 638-5076 Email: rocklandcountyclerk@co.rockland.ny.us

(845) 638-5647