



HERKIMER COUNTY CLERK

Sylvia M. Rowan

RETURN THE F.A.V.O.R.



Veteran Discount Program

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, its 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 before the pamphlet is printed. Please be aware that merchant's reserve the right to withdraw from the program at any time.

Business Name: _____

Address: _____

Telephone#: _____ Email: _____

Hours: _____

% Discount Specifications: (check one)

____ 10% ____ 15% ____ 20% ____ 25% ____ other _____

Limitations or conditions:

Business Owner Name (print) _____

Signature _____ Date _____

Return this form to the Herkimer County Clerk's Office:

BY MAIL:
109 Mary Street, Suite 1111
Herkimer, NY 13350

BY FAX:
(315) 866-4396

Questions? Call the Herkimer County Clerk Office at (315) 867-1129

Email: srowan@herkimercounty.org