

Return the Favor

Merchant Enrollment Form

Business Name: _____

Type of Business: _____

Address: _____
Street City Zip

Contact Person (Owner/Manager): _____

Contact Phone (For Clerk's Office): _____

Contact E-mail (For Clerk's Office): _____

Website (as applicable): _____

"Thanks" being offered: _____

Send Completed Form:

E-mail/ Contact:

Chautauqua County Clerk
1 North Erie St
P.O. Box 170
Mayville, NY 14757

Deputy County Clerk
Emily Blevins
BlevinsE@chqgov.com
716-753-4523