



# Saratoga County Veterans F.A.V.O.R. Discount Program Change Form



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**Saratoga County  
Veterans Agency**  
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**BUSINESS PROFILE**

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**CHANGES**

Change	Old Information	New Information
Business Name: <input type="checkbox"/>	_____	_____
Physical Address: <input type="checkbox"/>	_____	_____
Mailing Address: <input type="checkbox"/>	_____	_____
Website: <input type="checkbox"/>	_____	_____
Phone #: <input type="checkbox"/>	_____	_____
Discount Offer: <input type="checkbox"/>	_____	_____
Restrictions: <input type="checkbox"/>	_____	_____

**Other changes:**

**Return this form to:**

Craig A. Hayner, Saratoga County Clerk  
40 McMaster Street, Ballston Spa, NY 12020  
Phone: (518)885-2213 / Fax: (518)884-4726  
Email: [FAVOR@saratogacountyny.gov](mailto:FAVOR@saratogacountyny.gov)  
Website: [www.saratogacountyny.gov](http://www.saratogacountyny.gov)

**Proprietor and/or authorized signature:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

**EMPLOYEES ONLY BELOW THIS LINE**

Information Received by: \_\_\_\_\_

Changes made by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Alphabetical Spreadsheet:** \_\_\_\_ **Categorical Spreadsheet:** \_\_\_\_ **Master Spreadsheet:** \_\_\_\_ **Website:** \_\_\_\_