

**RENSSELAER COUNTY EMERGENCY VOLUNTEER
INCENTIVE PROGRAM**

Business Commitment Form

Business Name:

CEO, President or Manager:

Business Street Address:

City/Town | State: | Zip:

Phone: | Fax:

E-mail:

Please describe what service or discount your business will offer:

Please describe any limitations to your service/discount:

Authorized Signature:

Date:

Please return completed form to:

Rensselaer County Bureau of Public Safety
4000 Main Street
Troy, New York 12180