



**COUNTY OF ROCKLAND  
DEPARTMENT OF WEIGHTS AND MEASURES  
OFFICE OF CONSUMER PROTECTION**

18 New Hempstead Road, 6<sup>th</sup> Floor  
New City, NY 10956  
(845) 708-7600

C. SCOTT VANDERHOEF  
County Executive

TERRY D. GROSSEFINGER  
Director

**NON-BANK ATM REGISTRATION**

**Please Type or Print All Requested Information**

All information must be Accurate and Complete

1. **Operator of ATM** [Note: This is the person or company which "owns, leases or otherwise legally controls" the terminal.]

- a. Name or Trade Name: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Telephone Number\*: ( ) - \_\_\_\_\_
- d. Contact Person\*: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**\*NOTE: Contact Person and Telephone Number will be placed on a decal which will be affixed to the ATM**

2. **Location of ATM**

- a. Name or Trade Name: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Telephone Number: ( ) - \_\_\_\_\_
- d. Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

3. **If the operator/distributor of this private ATM is registered with an EFT network. Please set forth that information below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received:	Amount Received:
Checked by:	Cash <input type="checkbox"/> Check <input type="checkbox"/> Check #

4. **What Types of Transactions Can the ATM Perform?**

- Dispense Cash
- Determine Account Balances
- Transfer Funds Within an Institution
- Other (Please Specify): \_\_\_\_\_

5. **Indicate Make, Model and Serial Number of ATM:**

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6. **Servicing Agent** [Note: This is the person or company which “contracts with an operator to provide customer relations, financial record keeping, repairs or service.”]

- a. Name or Trade Name: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Telephone Number: (    )    - \_\_\_\_\_
- d. Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

7. **Fee Assessed At ATM Per Transaction: \$** \_\_\_\_\_

8. **Registration Fees**

(Checks made payable to “Rockland County Commissioner of Finance”)

**Check application type below:**

First ATM Machine Registration:                      \$55.00

Additional ATM Machine Registration :                      \$25.00

\$ \_\_\_\_\_ Total

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

PROTECT YOUR IDENTITY:  
SAFEGUARD YOUR CARD AND PIN  
NUMBER. TAKE YOUR RECEIPT.

This ATM is owned and operated by a non-banking institution.

The fee charged to use this private ATM is \$\_\_\_\_\_ per transaction.

The maximum amount that can be withdrawn is \$\_\_\_\_\_.

The name of the merchant/owner/operator of this ATM is:

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Telephone #:

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This ATM is registered with the Rockland County Office of Consumer Protection.

Telephone #: (845) 708-7600

The Federal Trade Commission Identity Theft Hotline is:

1-877-ID-THEFT