

ATTENTION SOLICITORS AND VENDORS

SOLICITOR: This resident will not consider buying your product or hiring your services unless you complete this verification form and return it to the resident. The completed form will be forwarded to the Calhoun County Elder Abuse Prevention Coalition for review on behalf of this resident. Complete the top section accurately and completely.

PLEASE PRINT:

Date: _____ Company name _____

Address: _____ City/State: _____ Zip: _____

Solicitor: _____

Services offered: _____

Liability/Workers compensation insurance company: _____

Phone: _____ Solicitor 's vehicle license plate number: _____

Are you a licensed contractor? Yes No Contractor license number _____

Resident: Please complete this section *AFTER* the solicitor has completed the top portion and returned it to *YOU*. When finished, fold the information so that the Calhoun County Elder Abuse Prevention Coalition office address is facing outward; affix a postage stamp and mail.

Resident name: _____ Phone number: _____

Address: _____ City: _____ Zip: _____

Alternate contact person name: _____ Phone number: _____

REMEMBER:

DO NOT BE PRESSURED INTO MAKING AN IMMEDIATE DECISION!
IF THE SOLICITOR INSISTS THAT THIS WORK MUST BE DONE IMMEDIATELY,
CONTACT YOUR LOCAL POLICE DEPARTMENT!