Protect yourself against fraud—Use this form

This form is designed to give you a tangible tool to help against door-to-door home improvement and repair solicitors who are unethical. Not all solicitors are con artists, but this will help protect you against those that are.

Give this form to people who come to your door and want to provide a home repair service or sell you a product.

DON'T FEEL PRESSURED!

TAKE TIME—DON'T BE A VICTIM OF A SCAM

c/o Region 3B Area Agency on Aging
200 W. Michigan Avenue, Suite 102
Battle Creek, Michigan 49017
269-966-2450 or 1-800-626-6719
www.region3b.org

A TOOL TO RESPOND TO HOME IMPROVEMENT SOLICITORS

Calhoun County Elder Abuse Prevention Coalition

Working to reduce and prevent the abuse of older and vulnerable adults through community awareness, education and action.

Funded in part by Region 3B Area Agency on Aging and the Calhoun County Office of Senior Services
ATTENTION SOLICITORS AND VENDORS

SOLICITOR: This resident will not consider buying your product or hiring your services unless you complete this information form and return it to the resident. The completed form will be forwarded to the Calhoun County Office of the Prosecutor 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 Prosecutor 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 CONTRACTOR INSISTS THAT THIS WORK MUST BE DONE IMMEDIATELY,
CONTACT YOUR LOCAL POLICE DEPARTMENT!