

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](http://www.region3b.org)

Place  
Postage  
Here

CALHOUN COUNTY PROSECUTING ATTORNEY'S OFFICE  
161 E. MICHIGAN AVENUE  
BATTLE CREEK, MI 49017

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!**